

Exhibit 8

Page 1

1 UNITED STATES DISTRICT COURT
2 DISTRICT OF NEW JERSEY

3 IN RE: JOHNSON &)
4 JOHNSON TALCUM)
5 POWDER PRODUCTS)
6 MARKETING, SALES)
7 PRACTICES and)
8 PRODUCTS LIABILITY)
9 LITIGATION) NO. MDL-NO.
10) 16-2738(MAS)(RLS
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21 Remote deposition by Zoom of
22 MICHAEL FINAN, M.D., taken pursuant to
23 notice, was held at the location of the
24 witness, Mobile, Alabama, commencing at
1:02 p.m., Central Time, on Wednesday,
June 26, 2024, before Dana M. Jones,
Certified Shorthand Reporter and Notary
Public.

GOLKOW, a Veritext Division
877.370.3377 ph/917.591.5672 fax

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 BEASLEY ALLEN</p> <p>4 BY: LEANNA PITTARD, ESQUIRE</p> <p>5 MARGARET THOMPSON, ESQUIRE</p> <p>6 LEIGH O'DELL, ESQUIRE</p> <p>7 218 Commerce Street</p> <p>8 Montgomery, Alabama 36104</p> <p>9 Leanna.pittard@beasleyallen.com</p> <p>10 Margaret.thompson@beasleyallen.com</p> <p>11 Leigh.odell@beasleyallen.com</p> <p>12 Counsel for the</p> <p>13 Plaintiffs</p> <p>14</p> <p>15 NUTTER MCCLENNEN & FISH</p> <p>16 BY: DAWN CURRY, ESQUIRE</p> <p>17 155 Seaport Boulevard</p> <p>18 Boston, Massachusetts 02210</p> <p>19 Dcurry@nutter.com</p> <p>20 Counsel for the</p> <p>21 Defendant, Johnson & Johnson</p> <p>22</p> <p>23 REILLY MCDEVITT HENRICH</p> <p>24 BY: KEVIN KOTCH, ESQUIRE</p> <p>3 Executive Campus, Suite</p> <p>310</p> <p>Cherry Hill, New Jersey</p> <p>08002</p> <p>Kkotch@rmh-law.com</p> <p>Counsel for the</p> <p>Defendant, Personal Care</p> <p>Products</p>	<p style="text-align: right;">Page 4</p> <p>1 EXHIBITS</p> <p>2 (Continued)</p> <p>3 Exhibit Harris Article 154</p> <p>4 No. 15</p> <p>5 160</p> <p>6 Exhibit ASCO Press Release</p> <p>7 No. 16</p> <p>8 Exhibit Katie Terry 168</p> <p>9 No. 17 article</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: right;">Page 3</p> <p>1 INDEX</p> <p>2 WITNESS:</p> <p>3 MICHAEL FINAN, M.D.</p> <p>4</p> <p>5 EXAMINATIONS</p> <p>6 PAGE</p> <p>7 MS. PITTARD 6</p> <p>8</p> <p>9 EXHIBITS</p> <p>10 Exhibit No. Description Page</p> <p>11 Exhibit Defendant's 9</p> <p>12 No. 1 Response to the</p> <p>13 Notice of Oral</p> <p>14 Deposition</p> <p>15 Exhibit Curriculum Vitae 11</p> <p>16 No. 2</p> <p>17 Exhibit 12/28/21 Invoice 27</p> <p>18 No. 3</p> <p>19 Exhibit 1/2/2024 Invoice 27</p> <p>20 No. 4</p> <p>21 Exhibit Materials 31</p> <p>22 No. 5 Considered List</p> <p>23 Exhibit Expert Report of 44</p> <p>24 No. 6 Dr. Finan</p> <p>25 Exhibit Genetic Testing 64</p> <p>26 No. 7 Document</p> <p>27 Exhibit Genetic Counseling 67</p> <p>28 No. 8 Letter</p> <p>29 Exhibit Tiffany Sia 78</p> <p>30 No. 9 Article</p> <p>31 Exhibit NCCN Guidelines 82</p> <p>32 No. 10</p> <p>33 Exhibit UpToDate Article 86</p> <p>34 No. 11</p> <p>35 Exhibit ACOG Practice 88</p> <p>36 No. 12 Bulletin</p> <p>37 Exhibit Wu article 125</p> <p>38 No. 13</p> <p>39 Exhibit O'Brien article 137</p> <p>40 No. 14 2024</p> <p>41</p>	<p style="text-align: right;">Page 5</p> <p>1 DEPOSITION SUPPORT PAGE</p> <p>2</p> <p>3 INSTRUCTIONS NOT TO ANSWER:</p> <p>4 PAGE LINE</p> <p>5 133 15</p> <p>6 REQUESTS FOR PRODUCTION OF DOCUMENTS OR</p> <p>7 INFORMATION:</p> <p>8 PAGE LINE</p> <p>9 26 18</p> <p>10</p> <p>11 STIPULATIONS:</p> <p>12 PAGE LINE</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

<p style="text-align: right;">Page 6</p> <p>1 (By agreement of counsel, 2 the signing, sealing, filing, and 3 certification of the transcript 4 have been waived; and all 5 objections, except as to the form 6 of the question, have been 7 reserved until the time of trial.) 8 COURT REPORTER: All parties 9 to this deposition are appearing 10 remotely and have agreed to the 11 witness being sworn in remotely. 12 Due to the nature of remote 13 reporting, please pause briefly 14 before speaking to ensure all 15 parties are heard completely. 16 MICHAEL FINAN, M.D., after 17 having been duly sworn, was 18 examined and testified as follows: 19 --- 20 EXAMINATION 21 --- 22 BY MS. PITTARD: 23 Q. Good afternoon, Dr. Finan. 24 We just met off the record, but my name</p>	<p style="text-align: right;">Page 8</p> <p>1 otherwise? 2 A. I did. I brought my expert 3 report, which you should have a copy of. 4 And I brought three other documents. One 5 is an article by Katie O'Brien, which is 6 recently added to my expert report. 7 One is a ASCO, A-S-C-O, a 8 press release regarding that article. 9 And another one is an 10 article by Holly Harris, again related to 11 this article by O'Brien. That's all I 12 have on -- 13 COURT REPORTER: Article 14 by -- I'm sorry. Article by what? 15 THE WITNESS: By Holly 16 Harris, H-a-r-r-i-s, related to 17 the O'Brien. 18 BY MS. PITTARD: 19 Q. And I assume that's the 2024 20 O'Brien? 21 A. Correct. 22 Q. Okay. Thank you, Doctor. 23 Have you had the opportunity 24 to review your Notice of Deposition in</p>
<p style="text-align: right;">Page 7</p> <p>1 is Leann Pittard, and I'm here 2 representing the plaintiff in this case. 3 As you know, this is the 4 case specific deposition of Linda 5 Bondurant; correct? 6 A. Correct. 7 Q. And I know you've had your 8 deposition taken many times, so I won't 9 go through all the rules, so to speak, 10 but just a couple reminders that let's do 11 our best not to talk over each other, and 12 if you need a break at any time, just let 13 me know. 14 A. Will do. And I'll just say 15 that I am -- I am a practicing physician. 16 I'm in solo practice, and I may get a 17 call from my nurse or the hospital. I'm 18 going to leave my phone upside down so 19 the screen won't show, but if I do a 20 message, we may need to take a little 21 break for that. 22 Q. Absolutely. 23 Did you bring any materials 24 with you today, printed materials or</p>	<p style="text-align: right;">Page 9</p> <p>1 this case? 2 A. Yes, I believe so. 3 Q. Okay. I'm just going to put 4 it up on the screen, and I'm also going 5 to drop it into the chat. 6 MS. CURRY: Are you marking 7 this as Exhibit 1? 8 MS. PITTARD: This will be 9 Exhibit 1. 10 (At this time, a document 11 was marked for identification as 12 Exhibit No. 1.) 13 BY MS. PITTARD: 14 Q. I was telling Ms. Curry that 15 I would drop it in the chat as well in 16 case you wanted to scroll through it or 17 look at it at a different pace that 18 what's on the screen. But I will also 19 share it so that we can refer to the same 20 document. 21 MS. CURRY: So, Dr. Finan, 22 if you, on the bottom of your 23 screen in the chat function, if 24 you open that up, and you can just</p>

<p style="text-align: right;">Page 10</p> <p>1 open the PDF and then you can</p> <p>2 scroll through it if you need to</p> <p>3 see any of the other pages.</p> <p>4 That's what Leanna is referring</p> <p>5 to.</p> <p>6 THE WITNESS: Okay. I see.</p> <p>7 Thank you. I will do that.</p> <p>8 BY MS. PITTARD:</p> <p>9 Q. Dr. Finan, I have introduced</p> <p>10 as Exhibit 1 defendant's response to the</p> <p>11 Notice of Oral Deposition of Michael</p> <p>12 Finan, M.D., in duces tecum. Is this</p> <p>13 familiar to you as the response to your</p> <p>14 deposition Notice?</p> <p>15 A. It is.</p> <p>16 MS. CURRY: Object to the</p> <p>17 form. For the record, we also did</p> <p>18 produce documents in response to</p> <p>19 the Notice of Deposition that</p> <p>20 should have accompanied the</p> <p>21 objections.</p> <p>22 MS. PITTARD: Yes, they sure</p> <p>23 did. And we'll go through those</p> <p>24 as well.</p>	<p style="text-align: right;">Page 12</p> <p>1 yes.</p> <p>2 BY MS. PITTARD:</p> <p>3 Q. Okay. Thank you. I had to</p> <p>4 stop my share and restart it. So thank</p> <p>5 you. Always some kind of technical</p> <p>6 glitch at the beginning.</p> <p>7 Okay. Do you believe this</p> <p>8 to be your most recent and up-to-date</p> <p>9 Curriculum Vitae?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. On -- let's scroll</p> <p>12 down to page 5. And this has got --</p> <p>13 let's see -- your -- your present or what</p> <p>14 I know to be your present position, which</p> <p>15 is Singing River Health System, director</p> <p>16 of the cancer center, chief of women's</p> <p>17 health, gynecologic oncologist; is that</p> <p>18 correct?</p> <p>19 A. That is correct.</p> <p>20 Q. Okay. Does -- in your</p> <p>21 expert report, I just happened to notice</p> <p>22 that you stated your position as chief of</p> <p>23 cancer services. Is that the same</p> <p>24 position?</p>
<p style="text-align: right;">Page 11</p> <p>1 MS. CURRY: Okay.</p> <p>2 BY MS. PITTARD:</p> <p>3 Q. And, actually, the first one</p> <p>4 we're going to talk about is your CV,</p> <p>5 Dr. Finan, which I'm going to introduce</p> <p>6 as Exhibit No. 2.</p> <p>7 (At this time, a document</p> <p>8 was marked for identification as</p> <p>9 Exhibit No. 2.)</p> <p>10 BY MS. PITTARD:</p> <p>11 Q. And -- and this was produced</p> <p>12 by the defendants in -- in response to</p> <p>13 questions 1, 7, and 10. I'm going to put</p> <p>14 that up now so that you can see it.</p> <p>15 Okay. Let me drop it in the chat, too.</p> <p>16 All right. Dr. Finan, can</p> <p>17 you see Exhibit 2, your curriculum vitae?</p> <p>18 A. Give me just a second. I</p> <p>19 lost my -- I see the file name. I think</p> <p>20 you're maybe sharing the wrong screen.</p> <p>21 MS. CURRY: In the chat</p> <p>22 function, Dr. Finan, you'll see</p> <p>23 the actual CV.</p> <p>24 THE WITNESS: Now I see it,</p>	<p style="text-align: right;">Page 13</p> <p>1 A. Yes. It's -- yes. It's</p> <p>2 just two ways of referring to it.</p> <p>3 Q. Okay.</p> <p>4 A. I'm not --</p> <p>5 Q. I'm sorry. Were you -- were</p> <p>6 you through?</p> <p>7 A. Yes. I'm not sure why</p> <p>8 it's -- it's listed differently in</p> <p>9 different documents at work, and I tend</p> <p>10 to refer to it differently as well. I</p> <p>11 apologize. But it's the same -- it's the</p> <p>12 same position.</p> <p>13 Q. Okay. All right. Let's go</p> <p>14 to pages 9 and 10. And on page 9 and</p> <p>15 continued on to page 10, you list grants</p> <p>16 and funding.</p> <p>17 A. Yes.</p> <p>18 Q. And then patents starting on</p> <p>19 page 10.</p> <p>20 A. Yes.</p> <p>21 Q. And I know that the patent</p> <p>22 that you were granted in 2020 was</p> <p>23 something that you worked on for a while;</p> <p>24 right?</p>

<p style="text-align: right;">Page 14</p> <p>1 A. That is correct.</p> <p>2 MS. CURRY: Object to form.</p> <p>3 BY MS. PITTARD:</p> <p>4 Q. Is -- have you had any --</p> <p>5 have you had any other patents since</p> <p>6 2020?</p> <p>7 A. I have not.</p> <p>8 Q. Are any of your patents</p> <p>9 related to the genital use of talcum</p> <p>10 powder?</p> <p>11 A. Not at all.</p> <p>12 Q. All right. Let's scroll</p> <p>13 down to the bottom of page 10. You've</p> <p>14 listed some research here.</p> <p>15 The first is for Bristol</p> <p>16 Myers Squibb. When was that research</p> <p>17 conducted?</p> <p>18 A. I do not recall.</p> <p>19 Q. Okay. Within the past ten</p> <p>20 years or prior to that?</p> <p>21 A. To be honest with you, I do</p> <p>22 not recall at all.</p> <p>23 Q. Okay. The second research</p> <p>24 listed, starting at the top of page 11,</p>	<p style="text-align: right;">Page 16</p> <p>1 form.</p> <p>2 THE WITNESS: Yes. Yes.</p> <p>3 The -- the technology was licensed</p> <p>4 to a company Swift Biotechnology,</p> <p>5 and they licensed it and took over</p> <p>6 in 2020 when I retired from South</p> <p>7 Alabama.</p> <p>8 BY MS. PITTARD:</p> <p>9 Q. Has any of your research</p> <p>10 been related to the genital use of talcum</p> <p>11 powder?</p> <p>12 A. None. No.</p> <p>13 Q. Okay. I'm going to scroll</p> <p>14 down to page 11, where you've got</p> <p>15 lectures and presentations. And that</p> <p>16 goes on for a few pages here, looks like</p> <p>17 down to 2017, I believe, which is on</p> <p>18 page 22.</p> <p>19 Have you done any lectures</p> <p>20 or presentations since 2017, as far as</p> <p>21 you remember?</p> <p>22 A. I did. I spoke at -- at</p> <p>23 this Society For Gynecologic Nurse</p> <p>24 Oncologists last year, 2022 -- no, 2023,</p>
<p style="text-align: right;">Page 15</p> <p>1 is novel method of screening for ovarian</p> <p>2 cancer. Do you recall about when that</p> <p>3 research was conducted?</p> <p>4 A. Yes. That's directly</p> <p>5 related to those patents, and that --</p> <p>6 that research was directly related to the</p> <p>7 grant.</p> <p>8 So the dates of the grant --</p> <p>9 so the research went on, I believe -- if</p> <p>10 you can scroll back up to -- so the</p> <p>11 research started in 2008. The first</p> <p>12 patent was filed in 2010, and that</p> <p>13 particular part of the study was directly</p> <p>14 related to the grant where we collected</p> <p>15 specimens from about 20 sites across the</p> <p>16 country and did assignments at South</p> <p>17 Alabama.</p> <p>18 So I was the principal</p> <p>19 investigator for the specimen collection</p> <p>20 portion of that study.</p> <p>21 Q. So would your, I guess, role</p> <p>22 in that research have wrapped up, let's</p> <p>23 say, 2020?</p> <p>24 MS. CURRY: Object to the</p>	<p style="text-align: right;">Page 17</p> <p>1 in the spring. That's -- I think that's</p> <p>2 the only one since then.</p> <p>3 Q. And where was that</p> <p>4 conference held?</p> <p>5 A. Well, I take it back. I've</p> <p>6 given -- I give about four lectures a</p> <p>7 year to various -- now that I'm seeing</p> <p>8 the middle of that page -- I do still</p> <p>9 speak with rotary folks and Kiwanis clubs</p> <p>10 and community organizations and also our</p> <p>11 medical staff roughly four times a year.</p> <p>12 And then I also spoke at the</p> <p>13 Society of Gynecologic Nurse Oncologists.</p> <p>14 That was in Gulf Shores, Alabama, at the</p> <p>15 state park, the new lodge at the state</p> <p>16 park.</p> <p>17 Q. In your presentation there</p> <p>18 in Gulf Shores, did you -- did your</p> <p>19 presentation relate, in any way, to the</p> <p>20 genital use of talcum powder?</p> <p>21 A. No. None of my lectures</p> <p>22 have. I've never spoken publically to</p> <p>23 groups about that.</p> <p>24 Q. And that would include the</p>

<p style="text-align: right;">Page 18</p> <p>1 lectures you give to rotary club and to 2 residents and so forth? 3 A. Correct, yes. 4 Q. Okay. Moving down to your 5 postgraduate research, beginning at the 6 bottom of page 22, original contributions 7 and peer reviewed journals, let's see, 8 you've got several pages here going down 9 to page 24 -- excuse me -- page 28. It 10 looks like the last publication there is 11 2021 with Dr. Rocconi. 12 Have you published any -- 13 any literature since 2021? 14 A. Not that I recall. 15 Q. Have you ever published 16 anything related to the genital use of 17 talcum powder? 18 A. No, ma'am, I have not. 19 Q. Okay. At the bottom of 20 page 28, you've listed your review 21 articles, and those go on for several 22 pages as well, ending on page 35. It 23 looks like the last one -- review article 24 listed there is March 2019.</p>	<p style="text-align: right;">Page 20</p> <p>1 Q. Okay. Moving now to the 2 bottom of page 35, published letters, 3 there was one in 1991. 4 Have you ever published any 5 letters related to the genital use of 6 talcum powder? 7 A. No. 8 Q. Okay. And then at the 9 bottom of page 35, you've listed some 10 films and videos that carry on to 11 page 36, the most recent being October of 12 2009. 13 Have you appeared in any 14 films or videos that you can think of 15 since October of 2009? 16 A. No. 17 Q. And have you appeared in any 18 films or videos that have anything to do 19 with the genital application of talcum 20 powder? 21 A. No, ma'am. 22 Q. You mentioned in your expert 23 report that you oversee -- I'm going to 24 stop sharing this because we don't need</p>
<p style="text-align: right;">Page 19</p> <p>1 Do you recall publishing any 2 review articles since 2019? 3 A. No. And, actually, that -- 4 the review articles only totaled about 5 six or so. 6 The subsequent list of 1 7 through 71 is abstracts presented at 8 meetings. 9 But I haven't -- I haven't 10 published any review articles nor any 11 abstracts since then. 12 Q. Thank you for that 13 clarification. That kind of combined my 14 question, but you -- you got to the 15 endpoint regarding review articles and 16 abstracts. 17 Have you ever -- have you 18 ever published any review article related 19 to the genital use of talcum powder? 20 A. No, I have not. 21 Q. Have you ever published an 22 abstract related to the genital use of 23 talcum powder? 24 A. No, I have not.</p>	<p style="text-align: right;">Page 21</p> <p>1 -- you mentioned in your expert report 2 that you oversee the cancer risk 3 assessment program at Singing River; is 4 that correct? 5 A. That is correct. 6 Q. Can you tell us a little bit 7 more about the cancer risk assessment 8 program? 9 A. Sure. So it's a program 10 that we initially started through our 11 mammography unit where every woman coming 12 in for a mammography is offered a cancer 13 risk assessment based on her family 14 history and the Tyrer-Cuzick score of her 15 mammogram. 16 And every woman is given a 17 form to fill out to complete, which 18 includes their family history of various 19 cancers, such as ovarian cancer or breast 20 cancer, colon cancer, etcetera, based on 21 the NCCN guidelines. 22 And if the patient's form 23 meets any of the NCCN guidelines for 24 genetic testing, they are immediately</p>

<p style="text-align: right;">Page 22</p> <p>1 offered genetic -- genetic counseling and 2 genetic testing through Myriad Genetics. 3 And that program has been 4 very successful in detecting dozens of -- 5 dozens and dozens of genetic mutations 6 amongst our patient population. 7 So now we've expanded it to 8 the primary care realm and trying to 9 screen males, in particular, in 10 particular because they were left out of 11 the original program. And then also to 12 try to screen males and females starting 13 at the age of 25 so that we try to catch 14 more of the genetic mutations. 15 Q. All right. So if I 16 understand you correctly, that would 17 assess risk both for breast and ovarian 18 cancer? 19 A. Not only that, oddly enough, 20 we're detecting a lot of Lynch syndromes, 21 which puts patients at risk for colon 22 cancer and endometrial cancer. We're 23 detecting a whole spectrum of genetic 24 mutations putting patients at risk for</p>	<p style="text-align: right;">Page 24</p> <p>1 What doctors are considered 2 -- 3 A. I'm sorry. Can I -- I'm 4 sorry. 5 The Tyrer-Cuzick score is a 6 score. So the Tyrer-Cuzick score -- 7 THE WITNESS: And, Dana, 8 please don't ask me to spell that. 9 Don't quote me on this, but I 10 think it might be T-y-r-e-r, 11 hyphen, C-u-s-i-k, but I'm not 12 certain that -- that will get you 13 in the right ballpark. 14 But that -- that is a score 15 based on the mammogram itself, and 16 that gives the patient -- gives us 17 and the patient a number, which is 18 on a scale. And it actually 19 assigns a percentage risk of them 20 developing breast cancer. 21 And if that -- if that score 22 is above a certain number, then 23 they're offered a q6month MRI of 24 the breast alternating with a</p>
<p style="text-align: right;">Page 23</p> <p>1 pancreatic cancer, melanoma. 2 So the screen -- the test -- 3 the test that we're offering is a full 4 panel Myriad Genetics test. It's not just 5 BRCA1 and BRCA2. 6 Q. Gotcha. Okay. 7 And is each person assigned 8 a number or a score? 9 MS. CURRY: Object to the 10 form. 11 THE WITNESS: No. The way 12 the -- the way the screening works 13 is they're either at risk or not 14 at risk. So it's if, you know, if 15 they are -- the NCCN defines who's 16 at risk. And if they're at risk 17 for any cancer, they're offered 18 the full panel. 19 So no, there's no score. 20 Well, there's a 0 and 100. 21 There's only two scores. It's 22 not -- it's not a scale. 23 BY MS. PITTARD: 24 Q. Gotcha.</p>	<p style="text-align: right;">Page 25</p> <p>1 q6month mammography. 2 And we have a breast 3 navigator who follows those 4 patients and makes sure that they 5 show up and, if they don't show 6 up, calls them. 7 So it's -- the -- I think I 8 would argue, despite the fact that 9 we're on the Mississippi gulf 10 coast, we're, I think, ahead of 11 many health care systems with 12 regard to cancer risk assessments 13 and genetic screening. 14 BY MS. PITTARD: 15 Q. And you mentioned that it 16 follows the NCCN guidelines. 17 What factors does that risk 18 assessment take into account from the 19 NCCN guidelines? 20 MS. CURRY: Object to the 21 form. 22 THE WITNESS: Family 23 history. Personal history and 24 family history.</p>

<p style="text-align: right;">Page 26</p> <p>1 BY MS. PITTARD:</p> <p>2 Q. And when you talk of family</p> <p>3 history, what specifically does it look</p> <p>4 at? I mean, are we talking first-degree</p> <p>5 relatives? Second-degree relatives? How</p> <p>6 far out does the assessment reach?</p> <p>7 A. I would have to look at it.</p> <p>8 I -- we give those forms to my patients.</p> <p>9 The form then goes to my nurse, who</p> <p>10 enters it into the computer. And if</p> <p>11 they're positive, they are offered the</p> <p>12 test.</p> <p>13 And I don't have a</p> <p>14 photographic memory, unfortunately, but I</p> <p>15 can certainly get a copy.</p> <p>16 Q. That would be great. Sure.</p> <p>17 Thank you.</p> <p>18 MS. PITTARD: And, Dawn,</p> <p>19 I'll send you an e-mail to remind</p> <p>20 you of that request. Thank you.</p> <p>21 BY MS. PITTARD:</p> <p>22 Q. Okay. Going back to the</p> <p>23 Notice of Deposition that we marked as an</p> <p>24 exhibit, I wanted to share with you the</p>	<p style="text-align: right;">Page 28</p> <p>1 related specifically to the case of Linda</p> <p>2 Bondurant?</p> <p>3 A. That is correct.</p> <p>4 Q. Okay. And your hourly rate</p> <p>5 on this invoice is \$650?</p> <p>6 A. Correct.</p> <p>7 Q. And you spent 24.5 hours, I</p> <p>8 guess, as of the date of this invoice,</p> <p>9 December 28, '21; correct?</p> <p>10 A. That is correct.</p> <p>11 Q. One of the items that you</p> <p>12 listed here is meetings with attorneys.</p> <p>13 Do you have any recollection</p> <p>14 of about how long you spent meeting with</p> <p>15 attorneys, you know, back towards the</p> <p>16 ends of 2021?</p> <p>17 A. No, I really don't.</p> <p>18 Q. All right. And now I'm</p> <p>19 going to show you Exhibit 4. And can you</p> <p>20 see that on your screen?</p> <p>21 A. Yes, I can.</p> <p>22 Q. All right. And it's dated</p> <p>23 January 2 of 2024; correct?</p> <p>24 A. Correct.</p>
<p style="text-align: right;">Page 27</p> <p>1 second thing that was produced by the</p> <p>2 attorneys in this matter, and those were</p> <p>3 some invoices related to your work in</p> <p>4 this case. I'm going to go ahead and</p> <p>5 introduce -- or add those to Exhibits 2</p> <p>6 and 3.</p> <p>7 MS. CURRY: I think the CV</p> <p>8 was marked as 2. So maybe 3 and</p> <p>9 4.</p> <p>10 MS. PITTARD: You're right.</p> <p>11 Thank you. 3 and 4.</p> <p>12 (At this time, documents</p> <p>13 were marked for identification as</p> <p>14 Exhibit No. 3 and Exhibit No. 4.)</p> <p>15 BY MS. PITTARD:</p> <p>16 Q. Okay. Dr. Finan, this is an</p> <p>17 invoice that was produced by the</p> <p>18 attorneys for Johnson & Johnson dated</p> <p>19 December 28, 2021. Do you see that on</p> <p>20 your screen okay?</p> <p>21 A. Yes.</p> <p>22 Q. And on the re line, it's got</p> <p>23 the name Bondurant. And so am I correct</p> <p>24 in understanding that this invoice is</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. And this also has on the re</p> <p>2 line Bondurant v. J & J. So am I correct</p> <p>3 in assuming this is case specific to</p> <p>4 Ms. Bondurant's case?</p> <p>5 A. Yes.</p> <p>6 Q. And, again, your hourly rate</p> <p>7 is \$650?</p> <p>8 A. That is correct.</p> <p>9 Q. And you spent 14 hours as of</p> <p>10 that time?</p> <p>11 A. That's correct.</p> <p>12 MS. CURRY: Object to the</p> <p>13 form. Since the prior invoice.</p> <p>14 MS. PITTARD: Fair enough.</p> <p>15 THE WITNESS: Yes.</p> <p>16 BY MS. PITTARD:</p> <p>17 Q. Now, to the best of your</p> <p>18 knowledge, you spent 14 hours on</p> <p>19 Ms. Bondurant's case since your previous</p> <p>20 voice?</p> <p>21 A. That's correct.</p> <p>22 Q. And do you happen to recall</p> <p>23 this has -- all this has September 23</p> <p>24 through January 24. Do you happen to</p>

<p style="text-align: right;">Page 30</p> <p>1 recall how much time you spent meeting 2 with attorneys during that time period? 3 A. It was no more than a couple 4 of hours. At most, one or two. 5 Q. Okay. Since the date of 6 this invoice in January of 2024, about 7 how much time have you spent on the 8 Bondurant case since then? 9 A. I would have to tally it up. 10 But I would estimate in the 30s or low 11 30s hours. 12 Q. How much time did you spend 13 meeting with attorneys in preparation for 14 your deposition today? 15 A. Oh, not more than -- 16 specifically in preparation for this 17 deposition? 18 Q. Ms. Bondurant's? 19 A. I think it was just about an 20 hour. 21 Q. And is your hourly rate the 22 same \$650? 23 A. Yes. 24 Q. Do you charge the same for</p>	<p style="text-align: right;">Page 32</p> <p>1 exhibits to help us get to what we're 2 looking for a little bit quicker. 3 And on this Exhibit 5, I've 4 highlighted three expert reports, the 5 5/28/2024 amended Rule 26 expert report 6 of Judith Wolf; the 11/15/2023 amended 7 expert report of Shawn Levy; and then the 8 5/28/2024 amended Rule 26 expert report 9 of Shawn Levy. 10 Are those the three expert 11 reports, to your recollection, that are 12 new to this amended materials considered 13 list? 14 A. Yes. 15 Q. Did Dr. Wolf's amended 16 report change your opinions in any 17 regard? 18 MS. CURRY: Object to the 19 form. 20 THE WITNESS: No. 21 BY MS. PITTARD: 22 Q. Did anything in her amended 23 report cause you to question or 24 reconsider any of the opinions in this</p>
<p style="text-align: right;">Page 31</p> <p>1 trial testimony? 2 A. No. 3 Q. What's your rate for trial 4 testimony? 5 A. I have to look. I think 6 it's around 5 -- 5,000 or 6,000 a day 7 plus travel expenses. 8 Q. Okay. All right. Now going 9 back to the topic of your Notice of 10 Deposition, your materials relied on and 11 considered list was also produced by 12 J & J's attorneys. 13 MS. PITTARD: And I'm going 14 to list that as Exhibit 5. 15 (At this time, a document 16 was marked for identification as 17 Exhibit No. 5.) 18 BY MS. PITTARD: 19 Q. You should be able to see 20 that in the chat now. And can you see it 21 on your screen as well? 22 A. I can. 23 Q. Okay. In the interest of 24 time, I've just highlighted some of these</p>	<p style="text-align: right;">Page 33</p> <p>1 case? 2 MS. CURRY: Object to the 3 form. 4 THE WITNESS: Well, I'm 5 always questioning and 6 reconsidering my opinions because 7 new articles come out and new 8 information comes out. 9 But not specifically in her 10 amended report, no. 11 BY MS. PITTARD: 12 Q. You mentioned new literature 13 that comes out. 14 Is there anything that comes 15 to your mind as something that made you 16 question or reconsider your opinions in 17 this matter? 18 MS. CURRY: Object to the 19 form. 20 THE WITNESS: Well, the 21 article by O'Brien, certainly, I 22 referenced initially. 23 BY MS. PITTARD: 24 Q. Okay. And I do want to talk</p>

<p style="text-align: right;">Page 34</p> <p>1 about that more in a little bit, but just 2 so that we don't get sidetracked, do you 3 have -- I wanted to ask you a little bit 4 more about Dr. Wolf's report. 5 Do you have any particular 6 comments or criticisms of her amended 7 expert report? 8 MS. CURRY: Object to the 9 form. 10 BY MS. PITTARD: 11 Q. Let me clarify that you 12 haven't already addressed in your report? 13 A. No. I mean, I adjusted in 14 my report. It's nothing -- I mean, 15 it's -- it's -- I think they're detailed 16 in my expert report. But nothing new. 17 Q. Nothing new. Okay. 18 There are also two reports 19 here by Dr. Levy. 20 Did his two reports change 21 your opinions in this case in any manner? 22 MS. CURRY: Object to the 23 form. 24 THE WITNESS: No.</p>	<p style="text-align: right;">Page 36</p> <p>1 Johnson & Johnson in these cases. 2 BY MS. PITTARD: 3 Q. I was afraid I would tell 4 you the wrong thing. So I wanted to look 5 it up. 6 A. I'll be honest with you. 7 I'm terrible with names. And I've read 8 literally thousands of pages on these 9 various cases. And I believe I have read 10 a report by him, but I cannot say for 11 certain. 12 MS. PITTARD: If you -- if 13 you would verify that with J & J's 14 attorneys -- and I know -- I'm 15 sure you'll supplement it if it 16 needs to be added; right, Dawn. 17 MS. CURRY: Correct. 18 MS. PITTARD: Thank you. 19 MS. CURRY: And he may be 20 thinking about the call. Because 21 if he had reviewed it, my 22 presumption is that it would have 23 been on this updated materials 24 considered list.</p>
<p style="text-align: right;">Page 35</p> <p>1 BY MS. PITTARD: 2 Q. Did they cause you to 3 question or reconsider any of your 4 opinions in this case? 5 MS. CURRY: Object to the 6 form. 7 THE WITNESS: No. 8 BY MS. PITTARD: 9 Q. And other than what you have 10 written in your report, do you have any 11 particular comments or criticisms of 12 Dr. Levy's reports? 13 A. No. 14 Q. Also, let's see. Have you 15 reviewed the expert report of Dr. Juan 16 Felix related to Ms. Bondurant? 17 A. Dr. Juan Felix. What's his 18 specialty? 19 Q. Let me get his exact title. 20 MS. CURRY: I can help with 21 that if you'd like, Leanna. 22 MS. PITTARD: Sure. Yeah. 23 MS. CURRY: He's the 24 gynecologic pathology expert for</p>	<p style="text-align: right;">Page 37</p> <p>1 THE WITNESS: That is 2 correct. Yeah. I'm just having 3 trouble keeping these names 4 straight. I apologize. 5 BY MS. PITTARD: 6 Q. Understandable. 7 Okay. Also, I highlighted, 8 let's see, two new medical records that, 9 I believe, are new to your supplemental 10 materials considered list here. 11 And the first one is Heart 12 of Hospice, and the second one, a little 13 further down on page 2, is Tulane Cancer 14 Center. And just to be clear, I know you 15 had previously reviewed some of those 16 records from Tulane, but it looks like 17 some additional records were provided. 18 Are you aware of any records 19 other than those two that are new to your 20 materials considered list? 21 A. Not that I'm aware of. 22 Q. Did these new and additional 23 records change your opinions in this case 24 in any manner?</p>

<p style="text-align: right;">Page 38</p> <p>1 A. No. They were really at the 2 end of life, I believe, just the 3 details -- important details and not 4 related to -- nothing that would change 5 my opinion. No. 6 Q. So I assume there was 7 nothing in those records that you would 8 have -- that would have caused you to 9 amend or exchange your expert report? 10 A. No, ma'am. 11 Q. Do you have any particular 12 comments regarding those medical records? 13 A. Not at this time, no. 14 Q. And this is just a small 15 point -- 16 MS. PITTARD: And, Dawn, 17 maybe you'll actually answer it 18 better. 19 BY MS. PITTARD: 20 Q. But I had underlined here 21 this pathology report from MD Anderson 22 that's Bates-numbered 00007, and, I 23 believe, in the report, it's 1. I just 24 wanted to make sure that that was, in</p>	<p style="text-align: right;">Page 40</p> <p>1 what? 2 Q. Accutane? 3 MS. CURRY: Where are you? 4 MS. PITTARD: Page 7, 13. 5 MS. CURRY: Oh, I -- so I 6 believe that because the 7 objections are often filed for 8 both the New Jersey MCL as well as 9 the federal cases in the MDL, they 10 put in both languages. 11 Because in New Jersey state 12 court, it would be called an 13 Accutane hearing versus a Daubert 14 or a 702. I think that's probably 15 why that's in there but... 16 MS. PITTARD: Okay. 17 MS. CURRY: I believe that 18 that's the reasoning. 19 MS. PITTARD: Thank you for 20 the clarification. Gotcha. 21 BY MS. PITTARD: 22 Q. There are also several 23 objections in this Notice of Deposition 24 stating that it would be unreasonable, or</p>
<p style="text-align: right;">Page 39</p> <p>1 fact, 00001 instead of seven? 2 MS. CURRY: Let me check. 3 I'll confirm that during the 4 deposition. 5 MS. PITTARD: Sounds good. 6 Thank you. 7 MS. CURRY: No problem. 8 BY MS. PITTARD: 9 Q. All right. Have you 10 reviewed any of Johnson & Johnson 11 corporate documents in this matter? 12 A. No, ma'am. 13 Q. All right. And -- and do 14 you have any other changes or comments or 15 amendments to your materials considered 16 list? 17 A. I do not. 18 Q. Let me go back to the Notice 19 of Deposition, which was Exhibit 1. I 20 happened to notice during this -- in this 21 Notice of Deposition that there were 22 several references to Accutane. I assume 23 those were just typos as well? 24 A. I'm sorry. References to</p>	<p style="text-align: right;">Page 41</p> <p>1 that it would be burdensome to disclose 2 ongoing or unpublished scientific 3 research. And I just wanted to be clear 4 for the record. 5 You don't have any ongoing 6 or unpublished scientific research 7 related to the issues in this case, do 8 you? 9 MS. CURRY: Object to the 10 form. 11 But you can answer. 12 THE WITNESS: I do not. 13 BY MS. PITTARD: 14 Q. Having had the chance to 15 review the Notice of Deposition -- 16 A. Well, I'm sorry. 17 Q. Yeah. 18 A. I should -- I need to 19 disclose that we do clinical -- I'm no 20 longer an academic researcher. Singing 21 River is a community-based health system. 22 We do have a clinical 23 research department that I oversee, the 24 cancer research, but it's all -- it's all</p>

<p style="text-align: right;">Page 42</p> <p>1 clinical research and it's -- it's very 2 little clinical research. None of it has 3 to do with talcum powder or any of the 4 issues in this litigation. 5 One study, for instance, 6 collects ascites and sends it up to a bio 7 bank. 8 Another study might do a 9 questionnaire on patients getting a 10 certain type of treatment. 11 That's the only research I'm 12 involved in right now. 13 Q. Gotcha. Nothing to do with 14 the genital application of talcum powder? 15 A. No, ma'am. 16 Q. All right. In your recent 17 MDL deposition, which, I believe, was 18 taken earlier this month -- or I'm 19 sorry -- last month, May of 2024, you 20 were asked how many times you had 21 testified at trial. And I believe the 22 answer at that time was that you had 23 testified in Cadigan, Evans, and Matthey. 24 Any other talc -- I'm</p>	<p style="text-align: right;">Page 44</p> <p>1 the case. So nothing where you 2 haven't already either served an 3 expert report or had your 4 deposition taken or otherwise been 5 officially retained and disclosed. 6 THE WITNESS: That would be 7 a no. 8 BY MS. PITTARD: 9 Q. Okay. Let's now turn to 10 your expert report, which I'm going to 11 drop in the chat. 12 MS. PITTARD: And I'm going 13 to introduce this as Exhibit 6. 14 It should be in the chat now. 15 (At this time, a document 16 was marked for identification as 17 Exhibit No. 6.) 18 BY MS. PITTARD: 19 Q. And I'm going to share my 20 screen. Do you see that okay? 21 A. Yes. 22 Q. Okay. I'm going to go 23 first and just jump right to page 63. 24 And this is where your case specific</p>
<p style="text-align: right;">Page 43</p> <p>1 sorry -- talc trials in which you have 2 testified? 3 A. No, ma'am. 4 Q. Okay. 5 A. Just those three. 6 Q. All right. And then in 7 terms of talcum powder depositions, of 8 course, we've got those three and then 9 the Call case (ph) that you testified in 10 recently along with your general MDL 11 deposition. 12 Any others other than those 13 four depositions in the talcum powder 14 litigation? 15 A. Not that I recall. 16 Q. Okay. To your knowledge, 17 will you would be acting as an expert 18 witness in any other talcum 19 powder-related cases? 20 MS. CURRY: Please do not 21 disclose -- only disclose 22 information for cases in which you 23 know -- you are aware that you've 24 been disclosed as a nonexpert in</p>	<p style="text-align: right;">Page 45</p> <p>1 opinions begin. 2 So you were asked in this 3 case to provide your opinion as to 4 whether Ms. Bondurant's perineal use of 5 talcum powder caused or contributed to 6 her clear cell ovarian cancer; correct? 7 A. Correct. 8 Q. When you are asked to 9 provide a case specific opinion, can you 10 walk us through the methodology that you 11 use in coming to those conclusions? 12 A. Well, I look at the 13 patient's history. That's the first 14 thing, their medical records. And then 15 using all the details that are provided 16 from pages 1 through 63, try to determine 17 if there's a cause or risk factors. 18 And ultimately, we only know 19 of -- there's really only two categories 20 of causes of ovarian cancer. One is 21 genetic and the other is sporadic. 22 Outside of those two, there really is no 23 other known cause. 24 In Ms. Bondurant's case, I</p>

<p style="text-align: right;">Page 46</p> <p>1 believe, she fell into the genetic 2 category. So that's what I concluded. 3 Q. All right. And I do want to 4 talk more about that, and we will. 5 But just to kind of set the 6 table for Ms. Bondurant's history, it -- 7 it -- I wanted to just point out in this, 8 I guess, second paragraph on the bottom 9 that she was diagnosed -- I'm sorry. In 10 the first paragraph in her history, 11 rather -- that she was diagnosed on 12 October 17, 2018, with malignant clear 13 cells likely of mullerian origin; is that 14 correct? 15 A. That's correct. 16 Q. And my understanding is that 17 she was Stage 3 at diagnosis but, 18 ultimately, progressed to Stage 4. Is 19 that your understanding as well? 20 A. Yes. 21 Q. And in your practice, what 22 is the typical prognosis for a patient 23 with Stage 3 clear cell ovarian cancer? 24 MS. CURRY: Object to the</p>	<p style="text-align: right;">Page 48</p> <p>1 sensitive or chemo resistant. 2 It's -- the life span tends to be 3 shorter. 4 But if it's chemo sensitive, 5 they can live for several years, 6 just as the patient with Stage 3 7 can. 8 It really all depends on 9 that factor. You can divide 10 patients into two groups. More 11 specifically, we call them 12 platinum sensitive and platinum 13 resistant. And that's a more 14 important determinant of survival 15 than the difference between 16 Stage 3 and Stage 4. 17 But Stage 4 patients tend to 18 not live as long as Stage 3, but 19 they can still live for several 20 years. 21 BY MS. PITTARD: 22 Q. What about Stage 4 patients 23 who are chemo resistant? 24 MS. CURRY: Object to the</p>
<p style="text-align: right;">Page 47</p> <p>1 form. 2 THE WITNESS: Most patients 3 present with Stage 3 or Stage 4 4 disease. So she fell into the 5 majority. That would be 75 to 6 80 percent. And if the disease is 7 chemo sensitive, then patients can 8 live several years, five, six, 9 even ten years. 10 If it's chemo resistant, 11 generally the median survival is 12 18 to 24 months, which is, sadly, 13 what I believe she had, was 14 chemo -- chemo therapy resistant 15 disease. 16 BY MS. PITTARD: 17 Q. All right. And what is the 18 prognosis for a patient who has been 19 diagnosed with Stage 4 clear cell ovarian 20 cancer? 21 MS. CURRY: Object to the 22 form. 23 THE WITNESS: Well, again, 24 it depends on if it's chemo</p>	<p style="text-align: right;">Page 49</p> <p>1 form. 2 THE WITNESS: Their median 3 survival would be more like 18 4 months, 16 to 18 months. 5 BY MS. PITTARD: 6 Q. When a patient is diagnosed 7 with Stage 3 clear cell ovarian cancer, 8 what treatment do you typically 9 recommend? 10 MS. CURRY: Object to the 11 form. 12 THE WITNESS: I generally 13 treat with neoadjuvant chemo 14 therapy, carboplatin and taxol or 15 carboplatin and the sister drug 16 taxol, which is Taxotere. 17 COURT REPORTER: I'm sorry. 18 Can you repeat that? 19 THE WITNESS: Yes. I 20 generally treat with carboplatin 21 and taxol or the sister drug of 22 taxol, which is Taxotere, 23 T-a-x-o-t-e-r-e. 24 And I give neoadjuvant chemo</p>

<p style="text-align: right;">Page 50</p> <p>1 therapy in most cases, similar to</p> <p>2 what Dr. Shank. That's chemo</p> <p>3 therapy initially followed by</p> <p>4 surgery.</p> <p>5 BY MS. PITTARD:</p> <p>6 Q. That was my next question.</p> <p>7 When is -- or let me say this.</p> <p>8 In a Stage 3 patient, what</p> <p>9 determines whether you do chemo therapy</p> <p>10 first or surgery first?</p> <p>11 A. Really, it's the appearance</p> <p>12 of the disease on the CAT scan and the</p> <p>13 PET scan. And in addition to that, I'll</p> <p>14 generally do a laparoscopy to assess the</p> <p>15 disease. And at the time of the</p> <p>16 laparoscopy, I'll place a central venous</p> <p>17 port for -- I'll get biopsies, I'll</p> <p>18 assess the disease, and I'll place a</p> <p>19 central venous port for chemo therapy</p> <p>20 because they're going to need the</p> <p>21 chemotherapy either way.</p> <p>22 And if -- if the CT scan</p> <p>23 looks favorable and the laparoscopic</p> <p>24 findings are favorable, then in those</p>	<p style="text-align: right;">Page 52</p> <p>1 MS. CURRY: Object to the</p> <p>2 form.</p> <p>3 THE WITNESS: Well, when you</p> <p>4 look in the abdomen at</p> <p>5 laparoscopy, let's say the disease</p> <p>6 seems to be confined to the pelvis</p> <p>7 and it's mobile. It's not stuck</p> <p>8 to anything in the omentum and</p> <p>9 there's no peritoneal seeding --</p> <p>10 that's s-e-e-d-i-n-g -- that is</p> <p>11 where the -- you get these small</p> <p>12 nodules covering the peritoneum</p> <p>13 that are very difficult to remove</p> <p>14 in many cases. They can be on the</p> <p>15 small bowel and the colon and the</p> <p>16 stomach.</p> <p>17 So if the disease is</p> <p>18 confined to the pelvis and mobile</p> <p>19 and confined to the omentum, and</p> <p>20 there's no extensive seeding,</p> <p>21 then, in my opinion, they are a</p> <p>22 candidate for primary debulking</p> <p>23 surgery.</p> <p>24 In other words, you want to</p>
<p style="text-align: right;">Page 51</p> <p>1 cases, I may open the patient and debulk</p> <p>2 them initially right then and there.</p> <p>3 But to be honest, my -- in</p> <p>4 my practice of generally the -- the</p> <p>5 disease appears unfavorable both on CT</p> <p>6 and laparoscopy, probably nine times out</p> <p>7 of ten. And the advantage of neoadjuvant</p> <p>8 chemotherapy is that the measurable</p> <p>9 outcomes are all improved when you give</p> <p>10 neoadjuvant chemo therapy first.</p> <p>11 The measurable outcomes of</p> <p>12 debulking surgery, you get a higher</p> <p>13 debulking -- higher optimal debulking</p> <p>14 rate, lower blood loss, lower incident of</p> <p>15 colostomy, a shortened ICU stay, fewer</p> <p>16 transfusions.</p> <p>17 So every single outcome</p> <p>18 that's measurable is improved, which is</p> <p>19 why I tend to lean on that approach.</p> <p>20 Q. When you mentioned that you</p> <p>21 check the scans and a laparotomy for</p> <p>22 conditions favorable to surgery, what</p> <p>23 type of conditions would you consider</p> <p>24 favorable?</p>	<p style="text-align: right;">Page 53</p> <p>1 be able to get all the cancer out.</p> <p>2 So if I don't think I can get all</p> <p>3 the cancer out, I'm not going to</p> <p>4 operate.</p> <p>5 I saw a patient yesterday</p> <p>6 who has about a two centimeter</p> <p>7 lymph node right between the</p> <p>8 external iliac artery and the</p> <p>9 external iliac vein that I don't</p> <p>10 think I can get out. So that's</p> <p>11 another example of a CT finding</p> <p>12 that -- and in her case, I'm not</p> <p>13 going to laparoscope her. We</p> <p>14 already have a biopsy from</p> <p>15 radiology.</p> <p>16 But that's a disease that I</p> <p>17 don't think I can get out without</p> <p>18 some neoadjuvant chemotherapy. So</p> <p>19 it just varies case to case.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. So in Ms. Bondurant's case,</p> <p>22 as you know, they -- her surgeons opted</p> <p>23 to do -- sorry. Not her surgeons -- but</p> <p>24 her treating physicians opted to do</p>

<p style="text-align: right;">Page 54</p> <p>1 chemotherapy first.</p> <p>2 Does that tell you anything</p> <p>3 about the -- between that and the medical</p> <p>4 records you reviewed, does that tell you</p> <p>5 anything about the extent of her disease?</p> <p>6 MS. CURRY: Object to the</p> <p>7 form.</p> <p>8 THE WITNESS: Yes. They</p> <p>9 said -- they said themselves it</p> <p>10 was extensive and unresectable</p> <p>11 based on a CT dated October 12,</p> <p>12 2018.</p> <p>13 So that's -- that's what she</p> <p>14 presented with, and that's what</p> <p>15 they had to deal with.</p> <p>16 So I think they made the</p> <p>17 right decision to try some</p> <p>18 chemotherapy first. The other --</p> <p>19 BY MS. PITTARD:</p> <p>20 Q. And -- go ahead I'm sorry?</p> <p>21 A. The other advantage of</p> <p>22 neoadjuvant chemotherapy is you get a</p> <p>23 scan at the beginning, and then you get a</p> <p>24 scan after -- or I get a scan after three</p>	<p style="text-align: right;">Page 56</p> <p>1 form.</p> <p>2 THE WITNESS: No. It's --</p> <p>3 I'm sorry. I didn't mean to speak</p> <p>4 over you.</p> <p>5 It's more a result of it</p> <p>6 being platinum resistant or</p> <p>7 platinum refractory, which I</p> <p>8 described earlier. That's more</p> <p>9 important than the volume of</p> <p>10 disease.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. Okay. And just so I follow</p> <p>13 you, how would the platinum -- and I see</p> <p>14 in your report and, also, in her records</p> <p>15 that she did develop platinum refractory</p> <p>16 disease. So how would that affect her</p> <p>17 candidacy for her surgical intervention?</p> <p>18 A. Well, first of all, you</p> <p>19 don't know that initially. You don't</p> <p>20 know that until you start treating the</p> <p>21 patient.</p> <p>22 I'm unaware of any test that</p> <p>23 will accurately predict that, but there</p> <p>24 used to be a chemo sensitivity test back</p>
<p style="text-align: right;">Page 55</p> <p>1 cycles, and it sort of gives you an in</p> <p>2 vivo chemo sensitivity test.</p> <p>3 So in other words, we don't</p> <p>4 know initially if chemotherapy is going</p> <p>5 to work or not going to work. But after</p> <p>6 giving three cycles, you can compare the</p> <p>7 scans and that's another way to assess</p> <p>8 prognosis, as if this cancer melts away</p> <p>9 and the scan looks dramatically better,</p> <p>10 that's a very chemical sensitive tumor.</p> <p>11 But if the cancer is very</p> <p>12 little changed, or even grown after three</p> <p>13 cycles of chemo, that's a very poor</p> <p>14 prognostic sign. So that's the other</p> <p>15 advantage, that you have that information</p> <p>16 after just about eight or nine weeks.</p> <p>17 Q. And in Ms. Bondurant's case,</p> <p>18 they weren't able to do a debulking</p> <p>19 surgery; is that correct?</p> <p>20 A. Correct.</p> <p>21 Q. And is that, I guess, a</p> <p>22 result of the extent of the disease that</p> <p>23 was present in her body?</p> <p>24 MS. CURRY: Object to the</p>	<p style="text-align: right;">Page 57</p> <p>1 in the 90's or the early 2000's. But it</p> <p>2 turned out to be not very helpful, and I</p> <p>3 don't believe they offer that test</p> <p>4 anymore.</p> <p>5 So you don't know that --</p> <p>6 that initially when you first see the</p> <p>7 patient. You don't know it until you</p> <p>8 give the three cycles and repeat the scan</p> <p>9 and see how they respond.</p> <p>10 But if they fall into that</p> <p>11 chemo refractory group, then they're not</p> <p>12 going to benefit from surgery at all.</p> <p>13 Q. I see.</p> <p>14 A. Unless there's some specific</p> <p>15 symptom, like, let's say, a bowel</p> <p>16 obstruction that you're going to address</p> <p>17 or a certain, let's say, a mass that's</p> <p>18 extremely symptomatic.</p> <p>19 And those surgeries can be</p> <p>20 extremely morbid. So if it's chemo</p> <p>21 resistant, we tend to try to avoid</p> <p>22 surgery because surgery is not likely to</p> <p>23 be of any help. And it's also likely to</p> <p>24 result in suboptimal debulking.</p>

<p style="text-align: right;">Page 58</p> <p>1 Chemo resistant patients 2 tend of to end up with suboptimal 3 debulking, which is -- puts them into 4 another poor prognosis category. And a 5 suboptimal debulking doesn't really 6 improve survival. You can only improve 7 survival if you can get the bulk of the 8 tumor out. 9 Q. Given the fact that 10 Ms. Bondurant was -- did turnout to be 11 platinum resistant and was not a 12 candidate for debulking surgery, how 13 would you define her prognosis at that 14 point? 15 MS. CURRY: Object to the 16 form. 17 THE WITNESS: I'm sorry. 18 Can you repeat that? 19 BY MS. PITTARD: 20 Q. Sure. In, let's say, July 21 of 2019, after several rounds of therapy, 22 when Ms. Bondurant was found to be 23 platinum -- have platinum refractory 24 disease and not be candidate for</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. Would you have recommended 2 anything different for her? 3 A. No, ma'am. 4 Q. I'm going to jump back up to 5 page 7 of your report under the heading 6 risk Factors For Ovarian Cancer. 7 Based on your report, would 8 you agree that the cause of ovarian 9 cancer is multifactorial? 10 MS. CURRY: Object to the 11 form. And also, this is starting 12 to trend into general cause 13 opinions, which have already been 14 covered extensively during his 15 prior deposition. 16 MS. PITTARD: If you would 17 just allow me to set the table for 18 this line of questioning, it will 19 come back around to Ms. Bondurant. 20 But I want to explore, I guess, 21 opinions on these -- on these risk 22 factors in preparation for that 23 line of questions. 24 MS. CURRY: If you can frame</p>
<p style="text-align: right;">Page 59</p> <p>1 debulking surgery, how would you 2 characterize her prognosis at that point? 3 A. Oh, I'd say it's four -- 4 there are probably six -- between six and 5 ten chemotherapy regimens that she'll 6 likely go through, and she may respond a 7 little bit to each one or to select ones, 8 but she's going to go through multiple 9 different drugs and, ultimately, die. 10 Usually -- it varies, but, 11 usually, within a year or so from that 12 point, she would be -- she would succumb 13 to the disease. 14 So she actually lived longer 15 than I would have expected, a little bit 16 longer, from July of 2019 to September of 17 2020. So she may have responded to some 18 of the treatments. 19 Q. Okay. Do you have any 20 comments or any criticisms regarding the 21 care that Ms. Bondurant received from her 22 medical providers? 23 A. No, not at all. Her care 24 was excellent.</p>	<p style="text-align: right;">Page 61</p> <p>1 it in terms of Ms. Bondurant's 2 risk factors, then I'm fine with 3 that. Well, potential risk 4 factors. 5 MS. PITTARD: Sure. 6 BY MS. PITTARD: 7 Q. Dr. Finan, in your expert 8 report here, you talk about different 9 risk factors including genetic, family 10 history, environmental, reproductive, and 11 other; correct? 12 A. Yes. 13 Q. And are these, I guess, 14 categories of risk factors that you 15 considered in Ms. Bondurant's case? 16 A. Yes. 17 Q. Is it your opinion that in a 18 patient like Ms. Bondurant that ovarian 19 cancer is multifactorial? 20 MS. CURRY: Object to the 21 form. 22 THE WITNESS: Well, there's 23 only two known causes. One is 24 genetic and the other is sporadic.</p>

<p style="text-align: right;">Page 62</p> <p>1 In Ms. Bondurant's case, she</p> <p>2 had a genetic cause.</p> <p>3 Sporadic means we don't know</p> <p>4 the cause. We don't know the</p> <p>5 cause of over 95 percent of</p> <p>6 cancers. We don't know the cause</p> <p>7 of bladder cancer, kidney cancer,</p> <p>8 liver cancer, stomach cancer,</p> <p>9 cancer of the ovary, cancer of the</p> <p>10 endometrium. Outside of genetics,</p> <p>11 we don't know cause of most</p> <p>12 cancers.</p> <p>13 BY MS. PITTARD:</p> <p>14 Q. And to be fair, there are</p> <p>15 others in your field of belief that there</p> <p>16 are other causes of ovarian cancer;</p> <p>17 correct?</p> <p>18 MS. CURRY: Object to the</p> <p>19 form.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. Regarding talcum powder use?</p> <p>22 MS. CURRY: Object to the</p> <p>23 form.</p> <p>24 THE WITNESS: I'm sorry.</p>	<p style="text-align: right;">Page 64</p> <p>1 BRCA1 and 2 mutations; correct?</p> <p>2 A. Correct.</p> <p>3 MS. PITTARD: I'm going to</p> <p>4 put up on the screen what I'm</p> <p>5 going to mark as Exhibit 7, and</p> <p>6 that is Ms. Bondurant's genetic</p> <p>7 testing. It should be in the chat</p> <p>8 now. And I'll also put it on my</p> <p>9 screen.</p> <p>10 (At this time, a document</p> <p>11 was marked for identification as</p> <p>12 Exhibit No. 7.)</p> <p>13 BY MS. PITTARD:</p> <p>14 Q. Are you able to see this</p> <p>15 document with Ambry Genetics at the top?</p> <p>16 A. Yes.</p> <p>17 Q. Let's see -- under -- under</p> <p>18 this genetic testing document, the title</p> <p>19 is BRCA1/2 Analyses With Cancer</p> <p>20 Next-Expanded; correct?</p> <p>21 A. That is correct.</p> <p>22 Q. Okay. And is it your</p> <p>23 understanding that based on this</p> <p>24 document, Ms. Bondurant tested negative</p>
<p style="text-align: right;">Page 63</p> <p>1 Can you repeat that?</p> <p>2 BY MS. PITTARD:</p> <p>3 Q. Sure. You stated that there</p> <p>4 are only two causes of ovarian cancer and</p> <p>5 that they're genetic or sporadic.</p> <p>6 And I just wanted to clarify</p> <p>7 that, to be fair, there are those in your</p> <p>8 field who would disagree with that;</p> <p>9 correct?</p> <p>10 A. Correct.</p> <p>11 MS. CURRY: Object to the</p> <p>12 form.</p> <p>13 BY MS. PITTARD:</p> <p>14 Q. And who would feel that</p> <p>15 there may be other causes for ovarian</p> <p>16 cancer other than genetic or sporadic?</p> <p>17 MS. CURRY: Object to the</p> <p>18 form.</p> <p>19 THE WITNESS: That is</p> <p>20 correct.</p> <p>21 BY MS. PITTARD:</p> <p>22 Q. In your report here, you</p> <p>23 discuss genetics and family history</p> <p>24 starting on page 7 and, specifically,</p>	<p style="text-align: right;">Page 65</p> <p>1 for the BRCA1 and 2?</p> <p>2 A. That is correct.</p> <p>3 Q. There's also no indication</p> <p>4 in this document that she had Lynch</p> <p>5 syndrome; correct?</p> <p>6 A. That is --</p> <p>7 MS. CURRY: Object to the</p> <p>8 form.</p> <p>9 THE WITNESS: That is</p> <p>10 correct.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. There was a pathological</p> <p>13 variant in the SDHA gene; isn't that</p> <p>14 right?</p> <p>15 A. That's right.</p> <p>16 Q. Okay. I wanted to now</p> <p>17 introduce -- let's see -- not</p> <p>18 introduce -- but point you to page 30 of</p> <p>19 this same document, Exhibit 7, where it</p> <p>20 talks about the title, at least, is</p> <p>21 "Understanding Your Positive SDHA Genetic</p> <p>22 Test Result."</p> <p>23 Do you see what page I'm on?</p> <p>24 A. I do.</p>

<p style="text-align: right;">Page 66</p> <p>1 Q. Okay. And then it says, 2 "Four things to know: No. 1, your 3 testing shows that you have a pathogenic 4 mutation or a variant that is likely 5 pathogenic in the SDHA gene." 6 "No. 2, noncancerous tumor 7 and cancer risks: You have an increased 8 chance to develop paragangliomas, in 9 paren, PGLs, pheochromocytomas, in paren, 10 PCCs, gastrointestinal stromal tumors, in 11 parenthesis GISTs, and kidney cancer." 12 Is that your understanding 13 of an SDHA genetic variant or genetic 14 mutation? 15 MS. CURRY: Object to the 16 form. 17 THE WITNESS: Yes. 18 BY MS. PITTARD: 19 Q. And then I also wanted to, 20 on the same topic, share with you the 21 genetic counseling letter that appeared 22 in Ms. Bondurant's records. I'm going to 23 pull that up and share it on the screen 24 as well.</p>	<p style="text-align: right;">Page 68</p> <p>1 related to her ovarian cancer or other 2 reported cancers in her family history. 3 This decreased the 4 likelihood that her ovarian cancer is due 5 to a strong hereditary factor in the 6 family; although, family members, 7 including her three daughters, should be 8 monitored carefully since hereditary is 9 never 100 percent sensitive. 10 However, a likely pathogenic 11 variant was discovered in the SDHA gene, 12 which is associated with a hereditary 13 susceptibility to neuroendocrine tumors 14 such as paraganglioma, pheochromocytoma, 15 as well as pituitary gland tumors and 16 gastrointestinal stromal tumors, open 17 paren, GIST, closed paren. 18 We discussed that the risk 19 for this particular gene tend to be low 20 compared to other genes associated with 21 these tumors with only 10 percent of 22 individuals with SDHA mutations 23 developing any tumors by age 70. 24 In addition, the risk of any</p>
<p style="text-align: right;">Page 67</p> <p>1 (At this time, a document 2 was marked for identification as 3 Exhibit No. 8.) 4 BY MS. PITTARD: 5 Q. And, again, I've highlighted 6 this just in the interest of time. 7 Doesn't seem to be coming up. Let me 8 try again. Okay. Do you see the 9 document with Tulane at the top? 10 A. I do. 11 Q. Okay. And it's dated 12 February 12, 2019? 13 A. Correct. 14 Q. I'm going to scroll down to 15 the page that's Bates-labeled 1629, and I 16 believe, you discussed this genetic 17 counseling letter or note in your expert 18 report as well; correct? 19 A. Yes. 20 Q. Okay. And just to read it 21 into the record, "The CancerNext Expanded 22 panel from Ambry", which included 67 23 genes related to hereditary cancer 24 syndromes revealed no positive results</p>	<p style="text-align: right;">Page 69</p> <p>1 of these SDHA related tumors becoming 2 malignant is, thankfully, very low. 3 Now, as I recall, you cited 4 a portion of this statement in your 5 expert report; correct? 6 A. I did. 7 Q. Okay? And just to be 8 clear -- and I really want to focus on 9 the second-to-last sentence -- "We 10 discussed that the risk for this 11 particular gene tend to be low compared 12 to other genes associated with these 13 tumors with only 10 percent of 14 individuals with SDHA mutations 15 developing any tumors by age 70." 16 Now, my reading of this 17 would indicate that the tumors the 18 counselor is talking about here are these 19 neuroendocrine tumors such as the 20 paraganglioma and the pheochromocytoma. 21 Is that the way you read it as well? 22 MS. CURRY: Object to the 23 form. 24 THE WITNESS: No. The way I</p>

<p style="text-align: right;">Page 70</p> <p>1 read it is only 10 percent of 2 individuals with SDHA mutations 3 developing any tumors by age 70, 4 and that's strengthened by the 5 fact that she says in the first 6 paragraph this decreases the 7 likelihood. She doesn't say it 8 eliminates the likelihood. She 9 carefully says this decreases the 10 likelihood of her ovarian cancer 11 due to the strong hereditary 12 factor in the family. 13 She also says genetic 14 testing is never 100 percent 15 sensitive. So she clearly says 16 only 10 percent of individuals 17 with SDHA mutations developing any 18 tumors by age 70, any tumors. 19 And if I had a patient -- if 20 this patient had come to me with a 21 test and that family history, and 22 she did not have cancer and she 23 was 59, I would recommend that she 24 have her ovaries out.</p>	<p style="text-align: right;">Page 72</p> <p>1 A. I said if she had come to me 2 without cancer, if she had come to me at 3 the age of 59 and did not have cancer. 4 Q. I see. 5 A. I said I would recommend 6 that she have a prophylactic removal of 7 her tubes and ovaries. 8 Q. I see. And I misunderstood. 9 I thought you meant that when she 10 received these results that what you 11 would have recommended. 12 A. No. What I was saying was 13 that if she had -- if she did not have 14 cancer and she came to me at the age of 15 59 cancer free, and she had this result 16 and her family history, no question. I 17 would recommend that she have her tubes 18 and ovaries removed. 19 Q. Right. And in fairness, 20 based on her daughter's deposition, she 21 did think she had her ovaries removed; 22 right? 23 A. Right. 24 Q. Yeah. So you know, I guess</p>
<p style="text-align: right;">Page 71</p> <p>1 That family history combined 2 with this test, laparoscopic 3 surgery, she goes home the same 4 day, it's minimally invasive, it's 5 like having a tubal. If she had 6 had that done, she'd still be 7 alive. 8 And if I had this test and 9 that family history, that's what I 10 would recommend. 11 BY MS. PITTARD: 12 Q. I'm sorry. Say again what 13 you would have recommended that she do 14 that you think would have saved her life? 15 A. Have the laparoscopic 16 bilateral salpingo-oophorectomy. Removal 17 of the -- 18 COURT REPORTER: Bilateral 19 what? 20 THE WITNESS: Bilateral 21 salpingo-oophorectomy. It's the 22 removal of the tubes and ovaries. 23 Q. Okay. Well, she had already 24 had her tubes removed; right?</p>	<p style="text-align: right;">Page 73</p> <p>1 that's why they say hindsight is 20/20. 2 A. In 50 percent of cases, 3 women her age do. 4 Q. You cut out a little bit. 5 Can you repeat it? 6 A. In 50 percent in cases, in 7 my experience, women at her age, their 8 history of what surgery they had with 9 regards to their tubes and ovaries is 10 inaccurate. 11 Half -- literally half of 12 the patients I operate on, they either 13 think -- they think they had both ovaries 14 and they're missing one or they think 15 they had them out and there's still one 16 or two there. The -- I think it's 17 becoming less common in the younger 18 generations, but that's 50 percent is 19 accuracy of that personal history in her 20 age group. 21 Q. Well, and, in fairness, she 22 wouldn't have had have these results if 23 she didn't have cancer; right? I mean, 24 unfortunately, this isn't something most</p>

<p style="text-align: right;">Page 74</p> <p>1 people have until after the fact?</p> <p>2 A. No, actually --</p> <p>3 MS. CURRY: Object to the</p> <p>4 form.</p> <p>5 THE WITNESS: -- based on</p> <p>6 our cancer risk assessment, if she</p> <p>7 were 45 and come in getting a</p> <p>8 mammogram, she'd have these</p> <p>9 results and she would have been</p> <p>10 referred to me for counseling.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. Well, we are all thankful</p> <p>13 for those types of developments in cancer</p> <p>14 risk assessment. Unfortunately, I guess,</p> <p>15 it's too late for Ms. Bondurant.</p> <p>16 But going back to our</p> <p>17 discussion about the counseling. I do</p> <p>18 want to -- and, perhaps, this is just a</p> <p>19 point that we'll have to agree to</p> <p>20 disagree on, but I do want to go back to</p> <p>21 the discussion of tumors where it says</p> <p>22 that the risk for this gene tend to be</p> <p>23 low compared to other genes associated</p> <p>24 with these tumors.</p>	<p style="text-align: right;">Page 76</p> <p>1 And she said the risk of any</p> <p>2 of these SDHA related tumors</p> <p>3 becoming malignant is very low.</p> <p>4 She didn't say it was zero.</p> <p>5 BY MS. PITTARD:</p> <p>6 Q. Okay.</p> <p>7 A. I've cited -- I've cited a</p> <p>8 paper by Sia that references a patient</p> <p>9 with clear cell ovarian cancer with a</p> <p>10 SDHA mutation.</p> <p>11 Q. Well, that's actually my</p> <p>12 next exhibit. So we'll get to that. But</p> <p>13 let's finish this one up first.</p> <p>14 Down on page -- down on the</p> <p>15 bottom of page 1630, it says there was</p> <p>16 also a variant of unknown significance in</p> <p>17 the PTCH1 gene associated with Gorlin</p> <p>18 syndrome and unlikely to be relevant to</p> <p>19 Linda or her family.</p> <p>20 Now, are you aware in your</p> <p>21 research of any association between the</p> <p>22 PTCH1 gene and ovarian cancer?</p> <p>23 A. No, but variants of unknown</p> <p>24 significance are, you know, genetics is a</p>
<p style="text-align: right;">Page 75</p> <p>1 And they're talking about</p> <p>2 the tumors in that paragraph, and only</p> <p>3 10 percent with SDHA mutations develop</p> <p>4 any tumors by age 70?</p> <p>5 A. So why didn't she say these</p> <p>6 again?</p> <p>7 MS. CURRY: Sorry. She</p> <p>8 hasn't asked an actual question</p> <p>9 yet, Dr. Finan. Just wait for the</p> <p>10 question.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. In addition, the risk of any</p> <p>13 of these SDHA related tumors becoming</p> <p>14 malignant is, thankfully, very low.</p> <p>15 So wouldn't you agree that</p> <p>16 she's talking here about developing any</p> <p>17 of these SDHA related tumors?</p> <p>18 MS. CURRY: Object to the</p> <p>19 form; asked and answered.</p> <p>20 THE WITNESS: She did not</p> <p>21 say only 10 percent of individuals</p> <p>22 with SDHA mutations developing</p> <p>23 any -- these tumors. She said any</p> <p>24 tumors.</p>	<p style="text-align: right;">Page 77</p> <p>1 constantly changing field. New genes are</p> <p>2 being associated with diseases on an</p> <p>3 annual basis.</p> <p>4 If you look at genetic</p> <p>5 testing 20 years ago, we had the BRCA1</p> <p>6 and the BRCA2 gene. And if you look at a</p> <p>7 time line over the last 20 or so years,</p> <p>8 you'll see that every year, or every few</p> <p>9 years new genes were added to the list of</p> <p>10 ones that are associated with ovarian</p> <p>11 cancer. And we expect that to continue</p> <p>12 going forward.</p> <p>13 So that's why you can't --</p> <p>14 you can't say with certainty that these</p> <p>15 genes are unrelated. And I'm not just</p> <p>16 looking at these genes. You're looking</p> <p>17 at them in isolation, and I'm looking at</p> <p>18 them in combination with her family</p> <p>19 history.</p> <p>20 Q. As far as the state of the</p> <p>21 research in the literature today, is</p> <p>22 there any literature associating the</p> <p>23 PTCH1 gene with clear cell ovarian</p> <p>24 cancer?</p>

<p style="text-align: right;">Page 78</p> <p>1 A. No.</p> <p>2 Q. Does Gorlin syndrome have</p> <p>3 anything to do with ovarian cancer?</p> <p>4 A. Not to my knowledge.</p> <p>5 Q. I'm now going to share</p> <p>6 Exhibit 9, which is the Sia case that you</p> <p>7 just referenced.</p> <p>8 (At this time, a document</p> <p>9 was marked for identification as</p> <p>10 Exhibit No. 9.)</p> <p>11 MS. PITTARD: And just for</p> <p>12 the record, this is an article --</p> <p>13 this is an article by Tiffany Sia,</p> <p>14 S-i-a, dated 2022.</p> <p>15 BY MS. PITTARD:</p> <p>16 Q. Which was cited in your</p> <p>17 expert report as well, right, Dr. Finan?</p> <p>18 A. That is correct.</p> <p>19 Q. And I believe the reference</p> <p>20 in your report was to Table 2, which is</p> <p>21 on page 17.</p> <p>22 To be clear, I have</p> <p>23 suggested that this was your reference</p> <p>24 because this was the only place in this</p>	<p style="text-align: right;">Page 80</p> <p>1 THE WITNESS: I can't -- I</p> <p>2 don't have a copy of the whole</p> <p>3 paper in front of me. I'll take</p> <p>4 your word for it. I don't -- I</p> <p>5 need a copy of the article to say</p> <p>6 that's the only place they cited.</p> <p>7 I'll trust you on that.</p> <p>8 BY MS. PITTARD:</p> <p>9 Q. Sure. I appreciate that.</p> <p>10 And also, the document is available to</p> <p>11 you in the chat as well if you wanted to</p> <p>12 pull it up.</p> <p>13 A. Yeah. That's not working</p> <p>14 for me today for some reason but...</p> <p>15 Q. Okay.</p> <p>16 A. I have a copy of it. So I'm</p> <p>17 good. I trust you.</p> <p>18 Q. So on Table 2, there are 16</p> <p>19 patients listed. And Patient 9 is the</p> <p>20 only one with an SDHA mutation; isn't</p> <p>21 that correct?</p> <p>22 A. That's correct.</p> <p>23 Q. Now, the authors in Sia</p> <p>24 don't make any effort to establish a</p>
<p style="text-align: right;">Page 79</p> <p>1 paper where I saw SDHA germline mutation</p> <p>2 referenced. Am I right about that?</p> <p>3 MS. CURRY: Object to the</p> <p>4 form.</p> <p>5 THE WITNESS: I don't see --</p> <p>6 all I see is your file. The</p> <p>7 screen you're sharing is a list of</p> <p>8 files.</p> <p>9 BY MS. PITTARD:</p> <p>10 Q. All right. Let me try</p> <p>11 again.</p> <p>12 A. There we go.</p> <p>13 Q. Okay. So this is Table 2 on</p> <p>14 page 17, and the reference you make in</p> <p>15 your report, I believe, is to Patient</p> <p>16 No. 9. And the reason, you know, as I</p> <p>17 said that I believe this is the reference</p> <p>18 that you -- or the table you're</p> <p>19 referencing is because it's the only</p> <p>20 place in this entire article where SDHA</p> <p>21 is mentioned. Is that true to your</p> <p>22 recollection?</p> <p>23 MS. CURRY: Object to the</p> <p>24 form.</p>	<p style="text-align: right;">Page 81</p> <p>1 causation or any association, even,</p> <p>2 between SDHA and clear cell carcinoma, do</p> <p>3 they?</p> <p>4 A. They do not.</p> <p>5 MS. CURRY: Object to the</p> <p>6 form.</p> <p>7 THE WITNESS: They do not.</p> <p>8 That was not the purpose of their</p> <p>9 paper. This was a paper talking</p> <p>10 about immunotherapy.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. They don't attribute any</p> <p>13 significance to the fact that Patient 9</p> <p>14 had both SDHA gene and clear cell</p> <p>15 carcinoma?</p> <p>16 A. No.</p> <p>17 MS. CURRY: Object to the</p> <p>18 form. Sorry.</p> <p>19 BY MS. PITTARD:</p> <p>20 Q. All right. Let's go now</p> <p>21 to --</p> <p>22 MS. PITTARD: I'm going to</p> <p>23 introduce as Exhibit 10 and put it</p> <p>24 in the chat first.</p>

<p style="text-align: right;">Page 82</p> <p>1 (At this time, a document 2 was marked for identification as 3 Exhibit No. 10.) 4 BY MS. PITTARD: 5 Q. Exhibit 10 are the NCNN 6 guidelines? 7 A. That would be NCCN. 8 Q. Oh, I'm sorry. I said NCNN. 9 NCCN guidelines. And based 10 on your prior deposition testimony, you 11 consider NCCN a reliable source, don't 12 you? 13 A. Yes. 14 Q. In fact, you cite it in your 15 report? 16 A. That is correct. 17 Q. I'm just going to jump down 18 to page 70. This is a 240-page document. 19 So in the interest of time, I highlighted 20 the topics that I'd like to discuss with 21 you, and it's here. "Risk Factors For 22 Ovarian Cancer" is the heading at the 23 top; correct? 24 A. That's correct.</p>	<p style="text-align: right;">Page 84</p> <p>1 says, Germline mutations in a variety of 2 other genes have been associated with 3 increased risk of ovarian cancer, e.g., 4 ATM, BRIP1, NBN, PALB2, STK11, RAD51C, 5 RAD51D. 6 They do not list PTCH1; 7 correct? 8 A. They do not. 9 Q. Right. And scrolling back 10 up to the bottom of page MS 3, "Family 11 history, primarily patients having two or 12 more first-degree relatives with ovarian 13 cancer, including linkage with BRCA1 and 14 BRCA2 genotypes, and then, open paren, 15 hereditary breast and ovarian cancer, 16 HBOC syndrome, closed paren, or families 17 affected by Lynch syndrome, open paren, 18 hereditary none polyposis, colorectal 19 cancer, HNPCC syndrome, is associated 20 with increased risk of ovarian cancer, 21 particularly early onset disease." 22 Now, in the case of 23 Ms. Bondurant specifically, we already 24 established that she did not have a BRCA1</p>
<p style="text-align: right;">Page 83</p> <p>1 Q. Okay. Now, in this section 2 on risk factors for ovarian cancer, NCCN 3 has not recognized SDHA as a pathogenic 4 mutation for ovarian cancer, have they? 5 A. No. 6 Q. And similarly, the PTCH1 7 mutation has not been listed as a risk 8 factor by NCCN? 9 A. No. But in all fairness to 10 them, they give examples -- they do not 11 declare that this is authoritative or 12 complete list, and they do state studies 13 testing large panels of genes have found 14 that 3 to 8 percent of patients with 15 ovarian cancer carry mutations in genes 16 other than BRCA1 and BRCA2. 17 And again, this is a 18 constantly evolving field, and it's not 19 just the gene mutation in isolation. 20 That plus their family history. 21 Q. And I believe I see where 22 you're referencing in this document, 23 which is the top of page MS 4. 24 And in that paragraph that</p>	<p style="text-align: right;">Page 85</p> <p>1 or 2 mutation; correct? 2 A. Correct. 3 Q. And she also did not have 4 Lynch syndrome? 5 A. Correct. 6 Q. Okay. And so let's talk, 7 then, about family history, and this is 8 primarily patients having two or more 9 first-degree relatives with ovarian 10 cancer. 11 And you set out in your 12 expert report, which I'm going to go back 13 to now, Exhibit 6. On page 64, you set 14 out her family history as we know it, 15 breast cancer in a maternal aunt, breast 16 cancer in her mother, lymphoma in her 17 brother, lymphoma in her maternal 18 grandmother, ovarian cancer in her 19 maternal aunt, and pancreatic cancer in a 20 maternal cousin; correct? 21 A. Correct. 22 Q. Which of the relatives on 23 this list are considered first-degree 24 relatives?</p>

<p style="text-align: right;">Page 86</p> <p>1 A. The mother and the brother.</p> <p>2 Q. Okay. And neither of them</p> <p>3 have ovarian cancer; right?</p> <p>4 A. Correct.</p> <p>5 Q. The NCCN stated that two or</p> <p>6 more first-degree relatives with ovarian</p> <p>7 cancer would be considered a relevant</p> <p>8 family history.</p> <p>9 Are there two or more</p> <p>10 first-degree relatives with ovarian</p> <p>11 cancer on this list?</p> <p>12 A. No.</p> <p>13 MS. PITTARD: Okay. I want</p> <p>14 to now introduce Exhibit 11.</p> <p>15 (At this time, a document</p> <p>16 was marked for identification as</p> <p>17 Exhibit No. 11.)</p> <p>18 BY MS. PITTARD:</p> <p>19 Q. Exhibit 11 is an article</p> <p>20 that was published by UpToDate. And I</p> <p>21 believe UpToDate is a source that you use</p> <p>22 as well, isn't it?</p> <p>23 MS. CURRY: Object to form.</p> <p>24 THE WITNESS: It is.</p>	<p style="text-align: right;">Page 88</p> <p>1 as well.</p> <p>2 COURT REPORTER: I think</p> <p>3 it's 12.</p> <p>4 MS. CURRY: I think it's 12.</p> <p>5 MS. PITTARD: 12. Thank</p> <p>6 you.</p> <p>7 (At this time, a document</p> <p>8 was marked for identification as</p> <p>9 Exhibit No. 12.)</p> <p>10 BY MS. PITTARD:</p> <p>11 Q. Now, this ACOG Practice</p> <p>12 Bulletin, can you see it on your screen</p> <p>13 okay?</p> <p>14 A. Yes.</p> <p>15 Q. Okay. It's dated</p> <p>16 September 2017, but I would represent to</p> <p>17 you that it's been reaffirmed in 2021.</p> <p>18 Do you have any disagreement with that</p> <p>19 statement?</p> <p>20 A. No.</p> <p>21 Q. Okay. ACOG is also a source</p> <p>22 that you consider reliable, isn't it?</p> <p>23 A. Yes.</p> <p>24 Q. And in this ACOG Practice</p>
<p style="text-align: right;">Page 87</p> <p>1 BY MS. PITTARD:</p> <p>2 Q. You would consider it a</p> <p>3 reliable source?</p> <p>4 A. It is reliable.</p> <p>5 Q. Now -- and I'll give you</p> <p>6 time if you would like to review this.</p> <p>7 But to your knowledge and</p> <p>8 based on this article, SDHA is not been</p> <p>9 recognized by UpToDate as a pathogenic</p> <p>10 mutation for ovarian cancer, has it?</p> <p>11 MS. CURRY: Object to the</p> <p>12 form.</p> <p>13 THE WITNESS: No.</p> <p>14 BY MS. PITTARD:</p> <p>15 Q. And PTCH1 mutation has not</p> <p>16 been listed as a risk factor either?</p> <p>17 MS. CURRY: Object to form.</p> <p>18 THE WITNESS: No.</p> <p>19 BY MS. PITTARD:</p> <p>20 Q. All right. Turning now to</p> <p>21 ACOG Practice Bulletin.</p> <p>22 MS. PITTARD: Which I'm</p> <p>23 going to introduce as Exhibit 11,</p> <p>24 and I will drop that in the chat</p>	<p style="text-align: right;">Page 89</p> <p>1 Bulletin, they discuss BRCA1 and 2,</p> <p>2 founder BRCA mutations.</p> <p>3 And then in this Table 1,</p> <p>4 they've got this really helpful chart</p> <p>5 of -- I'm sorry -- genetic mutations --</p> <p>6 I'm trying to blow it up -- associated</p> <p>7 with this hereditary breast and ovarian</p> <p>8 cancer syndrome.</p> <p>9 And, Dr. Finan, is SDHA</p> <p>10 listed anywhere on Table 1 as a genetic</p> <p>11 mutation associated with hereditary</p> <p>12 breast and ovarian cancer syndrome?</p> <p>13 A. Not that I see there, no.</p> <p>14 Q. And is PTCH1 mutation listed</p> <p>15 as a risk factor or a genetic mutation?</p> <p>16 A. No.</p> <p>17 Q. In your experience, how many</p> <p>18 genes have been associated with ovarian</p> <p>19 cancer?</p> <p>20 MS. CURRY: Object to the</p> <p>21 form.</p> <p>22 THE WITNESS: Roughly 25.</p> <p>23 BY MS. PITTARD:</p> <p>24 Q. And Ms. Bondurant had a 67</p>

<p style="text-align: right;">Page 90</p> <p>1 gene panel; correct?</p> <p>2 A. Correct.</p> <p>3 Q. Going back to</p> <p>4 Ms. Bondurant's family history -- and I</p> <p>5 know we said that we would tab into that</p> <p>6 a little deeper. So I would like to go</p> <p>7 back to that now and pull up your report</p> <p>8 again.</p> <p>9 In your opinion, does her</p> <p>10 maternal aunt's ovarian cancer increase</p> <p>11 her risk of ovarian cancer herself?</p> <p>12 A. Not in isolation, but in</p> <p>13 combination with the aunt that had breast</p> <p>14 cancer, the mother with breast cancer,</p> <p>15 and the cousin with pancreatic cancer,</p> <p>16 those four together along with the SDHA</p> <p>17 mutation, along with the PTCH1 gene,</p> <p>18 you're trying to look at these issues in</p> <p>19 isolation. And you can't practice</p> <p>20 medicine by Googling something on</p> <p>21 UpToDate.</p> <p>22 We practice medicine based</p> <p>23 on multiple years of training, more than</p> <p>24 a decade in my case and 30 plus years of</p>	<p style="text-align: right;">Page 92</p> <p>1 what to do, I would recommend she have</p> <p>2 her ovaries out. It's a very simple</p> <p>3 operation, and she would still be alive</p> <p>4 today if she had seen me. And she would</p> <p>5 have had this test if she had gotten a</p> <p>6 mammogram in our system.</p> <p>7 Q. Dr. Finan -- and I certainly</p> <p>8 admire the risk assessment you did.</p> <p>9 Again, I wish that Ms. Bondurant had had</p> <p>10 that opportunity -- but -- and certainly,</p> <p>11 certainly respect your three decades of</p> <p>12 practice.</p> <p>13 But you know, in a case like</p> <p>14 this, we really have to have a --</p> <p>15 something we can show a jury. And so</p> <p>16 what I'm asking you for is, besides</p> <p>17 your -- your practice, is there any type</p> <p>18 of literature that you could point to</p> <p>19 that would -- that would help us</p> <p>20 understand how this particular family</p> <p>21 history would lead you to the conclusion</p> <p>22 that she had familial cancer syndrome?</p> <p>23 MS. CURRY: Object to the</p> <p>24 form.</p>
<p style="text-align: right;">Page 91</p> <p>1 experience in my case. You cannot look</p> <p>2 at a single family member in isolation.</p> <p>3 It's the whole picture, the puzzle that</p> <p>4 comes together in her case.</p> <p>5 That family screams familial</p> <p>6 cancer syndrome. It's the whole picture.</p> <p>7 It's not one aunt or one mom. It's the</p> <p>8 maternal aunt with breast cancer. The</p> <p>9 mother with breast cancer. The aunt with</p> <p>10 ovarian cancer. The cousin with</p> <p>11 pancreatic cancer. There's a family</p> <p>12 syndrome there.</p> <p>13 And again, if she had come</p> <p>14 to me with that SDHA mutation as a result</p> <p>15 of our cancer risk assessment -- let's</p> <p>16 say she was at the age of 50 -- I would</p> <p>17 recommend taking her ovaries out. And</p> <p>18 I'm recommending that based on a familial</p> <p>19 genetic --</p> <p>20 My suspicion based on 30</p> <p>21 plus years of experience, based on being</p> <p>22 a practicing gynecological oncologist,</p> <p>23 not just Googling UpToDate or an ACOG</p> <p>24 article that lists something and tells me</p>	<p style="text-align: right;">Page 93</p> <p>1 THE WITNESS: Well, again,</p> <p>2 I'll go through it, and I'll site</p> <p>3 the Sia article, which has a</p> <p>4 patient, Patient No. 9, with clear</p> <p>5 cell ovarian cancer and a SDHA</p> <p>6 mutation.</p> <p>7 She has a maternal aunt with</p> <p>8 breast cancer, a mother with</p> <p>9 breast cancer, an aunt with</p> <p>10 ovarian cancer, a cousin with</p> <p>11 pancreatic cancer. I don't know</p> <p>12 how much more clear I can make it.</p> <p>13 That family history along</p> <p>14 with two genetic mutations tells</p> <p>15 me as a clinician, not as a</p> <p>16 Googler, but as a clinician, that</p> <p>17 this lady is at high risk for</p> <p>18 ovarian cancer, higher than the</p> <p>19 general population, and that it's</p> <p>20 likely a genetic syndrome.</p> <p>21 Again, new findings -- if</p> <p>22 you go back and take a look at the</p> <p>23 abstract that ACOG, committee</p> <p>24 opinion, in the abstract, they say</p>

<p style="text-align: right;">Page 94</p> <p>1 that new findings in genetics are</p> <p>2 occurring all the time. I'm</p> <p>3 paraphrasing there.</p> <p>4 So they even point out that</p> <p>5 their list is not complete and</p> <p>6 authoritative because it changes</p> <p>7 every year or every two years.</p> <p>8 And all that Dr. Sia has to find</p> <p>9 out is that Ms. Bondurant had a</p> <p>10 clear cell cancer and a SDHA</p> <p>11 mutation, and he'll be writing an</p> <p>12 article, a series -- a case series</p> <p>13 polling the rest of gynecological</p> <p>14 oncologists across the county,</p> <p>15 have you seen any patients with</p> <p>16 clear cell and SDHA mutations.</p> <p>17 That's how new discoveries are</p> <p>18 made.</p> <p>19 BY MS. PITTARD:</p> <p>20 Q. And we talked about Dr.</p> <p>21 Sia's article, and she did not associate</p> <p>22 SDHA with clear cell carcinoma, did she?</p> <p>23 A. She probably --</p> <p>24 MS. CURRY: Object to form.</p>	<p style="text-align: right;">Page 96</p> <p>1 them?</p> <p>2 A. Well, again, I don't -- I</p> <p>3 don't practice medicine based on Google,</p> <p>4 and I'm not going to recommend to a</p> <p>5 colleague that they practice medicine</p> <p>6 based upon Google. I'm simply not going</p> <p>7 to do it.</p> <p>8 They can look at NCCN. They</p> <p>9 can look at UpToDate. They can go to the</p> <p>10 same resources that I cited in my 70-some</p> <p>11 plus page expert opinion.</p> <p>12 Q. I just didn't see any</p> <p>13 sources in your expert opinion to support</p> <p>14 a finding of, you know, familial cancer</p> <p>15 syndrome in this case scenario. So I</p> <p>16 guess that's what I'm asking for.</p> <p>17 A. I'm going to need a break.</p> <p>18 I'm sorry.</p> <p>19 MS. PITTARD: Sure.</p> <p>20 (At this time, a short break</p> <p>21 was taken.)</p> <p>22 BY MS. PITTARD:</p> <p>23 Q. Dr. Finan, are you aware of</p> <p>24 any association between a family history</p>
<p style="text-align: right;">Page 95</p> <p>1 THE WITNESS: -- doesn't</p> <p>2 know about -- I'm sorry.</p> <p>3 She probably doesn't know</p> <p>4 about Ms. Bondurant's case.</p> <p>5 BY MS. PITTARD:</p> <p>6 Q. Well, that's, I mean, to be</p> <p>7 fair, that's speculation on your part;</p> <p>8 right?</p> <p>9 A. We're going to have to agree</p> <p>10 to disagree. This patient had a -- has a</p> <p>11 family history of a -- of being at</p> <p>12 increased risk for ovarian cancer due to</p> <p>13 a genetic mutation.</p> <p>14 Q. And other than Sia -- I'm</p> <p>15 sorry. Go ahead.</p> <p>16 A. I made my opinion crystal</p> <p>17 clear.</p> <p>18 Q. And had -- let me kind of</p> <p>19 ask it a different way or ask a different</p> <p>20 question.</p> <p>21 If you had a colleague or,</p> <p>22 let's say, a family member who wanted to</p> <p>23 read up on familial cancer syndrome other</p> <p>24 than the Sia paper, where would you point</p>	<p style="text-align: right;">Page 97</p> <p>1 of lymphoma non-Hodgkin's lymphoma and</p> <p>2 ovarian cancer?</p> <p>3 A. No.</p> <p>4 Q. Are you aware of any</p> <p>5 association in the literature associating</p> <p>6 family history of pancreatic cancer with</p> <p>7 ovarian cancer?</p> <p>8 A. Yes.</p> <p>9 Q. Where would I find that</p> <p>10 source?</p> <p>11 A. Practice gynecologic</p> <p>12 oncology for 30-some odd years.</p> <p>13 Q. Okay. But just to go back</p> <p>14 to my question, I believe my question</p> <p>15 was: Are you aware of any literature</p> <p>16 that would suggest an association between</p> <p>17 pancreatic cancer and ovarian cancer?</p> <p>18 A. Oh, no, ma'am. Not</p> <p>19 everything we do is in the literature,</p> <p>20 though. Trust me. Come spend a day with</p> <p>21 me.</p> <p>22 Q. Have you ever diagnosed</p> <p>23 someone with family -- or I'm sorry --</p> <p>24 what you refer to as familial cancer</p>

<p style="text-align: right;">Page 98</p> <p>1 syndrome who is negative for BRCA1 and 2 2 as well as Lynch syndrome? 3 A. Absolutely. We -- 4 Q. And is that something 5 that -- I'm sorry. I didn't mean to 6 interrupt you. 7 A. We do it all the time. 8 Q. Is that something you note 9 in their medical records, the family 10 cancer syndrome? 11 A. Yes. 12 Q. How often does that happen 13 in your practice? Let me clarify my 14 question. 15 How often in your practice 16 have you diagnosed a women with familial 17 cancer syndrome with BRCA1 and 2 negative 18 and did not have Lynch syndrome? 19 MS. CURRY: Ever in his 30 20 years are you referring to. 21 MS. PITTARD: Yes. 22 MS. CURRY: Okay. 23 THE WITNESS: I would say it 24 happens a handful of times a year,</p>	<p style="text-align: right;">Page 100</p> <p>1 hey, Dr. Finan, this is now significant. 2 We've discovered -- we made a discovery 3 that this gene is associated with these 4 diseases or these cancers. 5 Q. But in terms -- and I 6 understand that and appreciate that, but 7 my question really is: Is there some 8 source that you look to in addition to 9 your experience? Is there any type of 10 publication or checklist that would 11 provide some type of guidance or protocol 12 for diagnosing familial cancer syndrome? 13 MS. CURRY: Object to form. 14 THE WITNESS: There is an 15 NCCN publication specifically on 16 familial cancer syndromes, breast 17 and ovarian. And that's the one I 18 rely on. 19 BY MS. PITTARD: 20 Q. And which one is that? 21 A. It's the NCCN guidelines on 22 familial ovarian and breast cancer 23 syndromes. 24 Q. And is that different than</p>
<p style="text-align: right;">Page 99</p> <p>1 two to five times a year. 2 BY MS. PITTARD: 3 Q. And, again, that's based on 4 your -- and this is just so I'm clear, 5 that if there is a source, I'm aware of 6 it. But you don't have -- there's not a 7 source that you use as a guideline for 8 that, but it's based on your practice and 9 experience; correct? 10 A. Well, all of the sources -- 11 all of the sources, I believe, state that 12 genetic testing is not perfect. It's not 13 comprehensive. New developments are 14 being made every year, and that we have 15 to use our clinical judgment. 16 Even the testing has 17 disclaimers like that. So -- at least 18 the testing we use, the Myriad testing. 19 I get letters -- I get a 20 letter from Myriad Genetics on an 21 occasional basis on a patient who has 22 tested ten or more years ago and had a -- 23 a VUS, a variant of undetermined 24 significance. And that letter tells me,</p>	<p style="text-align: right;">Page 101</p> <p>1 the one we looked at earlier? 2 A. Yes. The one you looked at 3 was the ovarian cancer guidelines. 4 Q. Okay. 5 A. There's one specifically on 6 genetics. 7 Q. Let's see. Would you point 8 me to that in your -- I'm going to pull 9 your report back up so you can point me 10 to it. 11 A. I'm not sure I cited that. 12 Q. Oh, okay. Is that something 13 that you can provide us with? 14 A. I believe your question was 15 what do I rely on in my practice. 16 Q. Oh. Well, let's say there's 17 a new -- a new practitioner who wants a 18 resource on familial cancer syndrome and 19 wants to see what the guidelines are. It 20 sounds like you believe there's an NCCN 21 article? 22 A. There is an NCCN set of 23 guidelines. 24 Q. I'm sorry. I didn't mean to</p>

<p style="text-align: right;">Page 102</p> <p>1 talk over you.</p> <p>2 Can you provide me with</p> <p>3 that? It can be after the deposition.</p> <p>4 MS. CURRY: Could you just</p> <p>5 make your request in writing and</p> <p>6 then we can respond appropriately.</p> <p>7 MS. PITTARD: Yes. Sure.</p> <p>8 Just haven't -- haven't seen that.</p> <p>9 BY MS. PITTARD:</p> <p>10 Q. Or, at least, I haven't seen</p> <p>11 what I understand you to be describing.</p> <p>12 So yes, I'd like to see a copy of it.</p> <p>13 Thank you.</p> <p>14 In terms of the</p> <p>15 salpingo-oophorectomy that you mentioned</p> <p>16 as a recommendation to Ms. Bondurant, she</p> <p>17 wouldn't fall under any of the public or,</p> <p>18 rather, published guidelines for risk</p> <p>19 producing BSO, would she?</p> <p>20 MS. CURRY: Object to the</p> <p>21 form.</p> <p>22 THE WITNESS: No. Again,</p> <p>23 those guidelines are not meant to</p> <p>24 be comprehensive and rigid. We</p>	<p style="text-align: right;">Page 104</p> <p>1 not a significant risk.</p> <p>2 The risk is if you do it at</p> <p>3 the age of 35, 40, not so much after</p> <p>4 menopause.</p> <p>5 Q. Oh, okay.</p> <p>6 A. That's why I --</p> <p>7 Q. I misunderstood your</p> <p>8 testimony.</p> <p>9 A. That's why I said if she</p> <p>10 came to me in her early 50's with that</p> <p>11 family history and that genetic mutation,</p> <p>12 I would recommend that she have her tubes</p> <p>13 and ovaries removed. I didn't say I</p> <p>14 would do that if she was 35 or 40.</p> <p>15 Q. And I'm sure that you would,</p> <p>16 of course, alert her of the long-term</p> <p>17 adverse risk potential of a BSO?</p> <p>18 A. Of course. But that risk --</p> <p>19 that risk weighed against the risk of</p> <p>20 dying from ovarian cancer, most women, in</p> <p>21 my experience, would choose to have the</p> <p>22 tubes and ovaries removed once they</p> <p>23 understand both sides of the equation.</p> <p>24 Q. Well, heart disease is one</p>
<p style="text-align: right;">Page 103</p> <p>1 are to use our clinical judgment</p> <p>2 and 30-plus years of experience.</p> <p>3 You can't practice -- you can't</p> <p>4 just practice based on lists and</p> <p>5 flowcharts. If we could, we could</p> <p>6 be easily replaced by machines,</p> <p>7 wouldn't we?</p> <p>8 BY MS. PITTARD:</p> <p>9 Q. There are long term, you</p> <p>10 know, significant numbers of outcomes to</p> <p>11 BSO's; correct?</p> <p>12 MS. CURRY: Object to the</p> <p>13 form.</p> <p>14 THE WITNESS: If -- if</p> <p>15 performed at a young age, yes.</p> <p>16 Less so if performed at the age of</p> <p>17 50 or 55 or 59.</p> <p>18 BY MS. PITTARD:</p> <p>19 Q. Is that why they're usually</p> <p>20 not recommended unless there's a pretty</p> <p>21 significant risk?</p> <p>22 A. Well, again, I said that if</p> <p>23 she came to me in her early 50's, I would</p> <p>24 recommend it because there -- there is</p>	<p style="text-align: right;">Page 105</p> <p>1 of the potential adverse outcomes, isn't</p> <p>2 it?</p> <p>3 MS. CURRY: Object to the</p> <p>4 form.</p> <p>5 THE WITNESS: Yes.</p> <p>6 BY MS. PITTARD:</p> <p>7 Q. Switching topics a little</p> <p>8 bit but going back to your report, your</p> <p>9 report discusses environmental risk</p> <p>10 factors for ovarian cancer and,</p> <p>11 specifically, cigarettes.</p> <p>12 Now, just to make sure we're</p> <p>13 on the same page, cigarettes have not</p> <p>14 been shown to be a risk factor for clear</p> <p>15 cell ovarian cancer; correct?</p> <p>16 A. That is correct.</p> <p>17 Q. Also, your report discusses</p> <p>18 that early menarche and late menopause</p> <p>19 are associated with increased risk of</p> <p>20 ovarian cancer; isn't that right?</p> <p>21 A. That's correct.</p> <p>22 Q. And Ms. Bondurant's menarche</p> <p>23 at age 15 was, actually, considered a</p> <p>24 little bit of a late menarche. Wouldn't</p>

<p style="text-align: right;">Page 106</p> <p>1 you agree?</p> <p>2 A. Correct.</p> <p>3 Q. And her menopause in her</p> <p>4 40's would be considered early?</p> <p>5 A. Correct.</p> <p>6 Q. So the risk factors of early</p> <p>7 menarche and late menopause do not apply</p> <p>8 to Ms. Bondurant; correct?</p> <p>9 A. No.</p> <p>10 Q. And infertility is</p> <p>11 associated with an increased risk of</p> <p>12 ovarian cancer?</p> <p>13 A. It is, yes.</p> <p>14 Q. Ms. Bondurant was never</p> <p>15 diagnosed with infertility; correct?</p> <p>16 A. Correct.</p> <p>17 Q. In your report, you state</p> <p>18 that studies on hormone replacement</p> <p>19 therapy and risk of ovarian cancer have</p> <p>20 been inconsistent. But Ms. Bondurant was</p> <p>21 never on hormone replacement therapy;</p> <p>22 correct?</p> <p>23 A. Correct.</p> <p>24 Q. As far as age, you state in</p>	<p style="text-align: right;">Page 108</p> <p>1 difference, you mean between Caucasians</p> <p>2 and other races?</p> <p>3 A. Yes.</p> <p>4 Q. All right. Let's talk about</p> <p>5 endometriosis. Can you explain to the,</p> <p>6 let's say, to the jury what endometriosis</p> <p>7 is?</p> <p>8 A. Sure. The lining of the</p> <p>9 uterus is called the endometrium. The</p> <p>10 endometrium spills out every month when a</p> <p>11 women has her menstrual period. That's</p> <p>12 the tissue that you see along with the</p> <p>13 blood. It's pink in color or gray.</p> <p>14 And in some patients, that</p> <p>15 spills out on the fallopian tubes and</p> <p>16 gets implanted on the ovaries, and those</p> <p>17 implants can then grow every month when a</p> <p>18 patient -- when a women has her menstrual</p> <p>19 period. She can bleed internally, and</p> <p>20 those implants can grow and spread and</p> <p>21 develop almost like a cancer. They can</p> <p>22 spread to the upper abdomen and, in some</p> <p>23 cases, even the lungs.</p> <p>24 And the features of</p>
<p style="text-align: right;">Page 107</p> <p>1 your report that advancing age,</p> <p>2 particularly after age 60, is a risk</p> <p>3 factor for ovarian cancer?</p> <p>4 A. Correct.</p> <p>5 Q. And the median age is 62?</p> <p>6 A. Correct.</p> <p>7 Q. And Ms. Bondurant was</p> <p>8 sixty -- I'm sorry -- was 59 when she was</p> <p>9 diagnosed; correct?</p> <p>10 A. That is correct.</p> <p>11 Q. Obesity has been found to</p> <p>12 increase the risk of ovarian cancer;</p> <p>13 correct?</p> <p>14 A. Correct.</p> <p>15 Q. And Ms. Bondurant was not</p> <p>16 obese; correct?</p> <p>17 A. I don't believe she was.</p> <p>18 Q. Your report also mentions</p> <p>19 race. Now, would you consider race a</p> <p>20 risk factor for ovarian cancer?</p> <p>21 A. It's much more common in</p> <p>22 Caucasians. So yes, there's a distinct</p> <p>23 difference.</p> <p>24 Q. When you say distinct</p>	<p style="text-align: right;">Page 109</p> <p>1 endometriosis are very, very similar to</p> <p>2 cancer in that the implants can invade</p> <p>3 organs and cause tissue damage.</p> <p>4 The only difference is the</p> <p>5 endometriosis doesn't kill you. It just</p> <p>6 causes infertility, a lot of pain, and</p> <p>7 other problems. But it can develop into</p> <p>8 cancer over time in some patients, that</p> <p>9 cancer being a clear cell cancer of the</p> <p>10 ovary.</p> <p>11 Q. And are there are other</p> <p>12 cancers that endometriosis could develop</p> <p>13 into, like endometrioid?</p> <p>14 A. Endometriomas, they can</p> <p>15 develop masses on the ovaries, but</p> <p>16 they're called endometriomas or as or</p> <p>17 chocolate cysts. They can develop into</p> <p>18 pleural effusions.</p> <p>19 I had a 28-year-old recently</p> <p>20 that had pleural effusions and a mass in</p> <p>21 her stomach.</p> <p>22 Yes. So they can cause all</p> <p>23 sorts of strange things. They can</p> <p>24 cause -- they can be implanted in</p>

<p style="text-align: right;">Page 110</p> <p>1 surgical incisions, like a C-section</p> <p>2 incision. It's painful every month and</p> <p>3 causes a mass when they have their</p> <p>4 menstrual period.</p> <p>5 So yes, endometriosis can</p> <p>6 cause a lot of problems. I don't believe</p> <p>7 it's associated with any other cancers,</p> <p>8 though. Endometrial cancer is a separate</p> <p>9 entity.</p> <p>10 Q. Is pelvic pain a symptom of</p> <p>11 endometriosis?</p> <p>12 A. Yes.</p> <p>13 Q. And painful periods?</p> <p>14 A. Yes.</p> <p>15 Q. Pain with intercourse?</p> <p>16 A. Yes.</p> <p>17 Q. Pain with bowel movements or</p> <p>18 urination?</p> <p>19 A. Correct.</p> <p>20 Q. Heavy periods or bleeding</p> <p>21 between periods?</p> <p>22 A. Not so much. Not directly</p> <p>23 related to endometriosis, no.</p> <p>24 Q. What about -- oh, I think</p>	<p style="text-align: right;">Page 112</p> <p>1 it's -- it is fairly common for it to be</p> <p>2 a life-long disease if it's not treated.</p> <p>3 Q. What's the treatment for it?</p> <p>4 MS. CURRY: Object to the</p> <p>5 form.</p> <p>6 THE WITNESS: Surgery is the</p> <p>7 most common treatment. They can</p> <p>8 treat it with birth control pills,</p> <p>9 with a drug called Depo Lupron,</p> <p>10 which creates a temporary</p> <p>11 menopause.</p> <p>12 And it's actually driven by</p> <p>13 estrogen. So typically, after the</p> <p>14 menopause, it would tend to shrink</p> <p>15 and get better.</p> <p>16 BY MS. PITTARD:</p> <p>17 Q. What type of surgery is the</p> <p>18 treatment for endometriosis?</p> <p>19 MS. CURRY: Object to the</p> <p>20 form.</p> <p>21 THE WITNESS: Well,</p> <p>22 conservative surgery is they</p> <p>23 can -- I don't do that, and I</p> <p>24 haven't seen or heard of folks</p>
<p style="text-align: right;">Page 111</p> <p>1 you mentioned infertility?</p> <p>2 A. Yes.</p> <p>3 Q. At what age is endometriosis</p> <p>4 usually diagnosed?</p> <p>5 A. It varies, but commonly when</p> <p>6 a woman is in her 20's or 30's.</p> <p>7 Q. Is it common for</p> <p>8 endometriosis to recur in a</p> <p>9 postmenopausal woman who's not on HRT and</p> <p>10 has had both a tubal ligation and a</p> <p>11 hysterectomy?</p> <p>12 MS. CURRY: Object to the</p> <p>13 form.</p> <p>14 THE WITNESS: I'm sorry.</p> <p>15 Did you say is it common?</p> <p>16 BY MS. PITTARD:</p> <p>17 Q. Yes.</p> <p>18 A. No. That would not be</p> <p>19 common.</p> <p>20 But endometriosis, once you</p> <p>21 have it, it doesn't tend to go away. It</p> <p>22 doesn't just magically disappear.</p> <p>23 Generally, women are</p> <p>24 diagnosed in their 20's or 30's, and</p>	<p style="text-align: right;">Page 113</p> <p>1 doing that in many, many years.</p> <p>2 But my understanding is they</p> <p>3 can treat it laparoscopically,</p> <p>4 either by removing the lesions or</p> <p>5 cauterizing them or burning them</p> <p>6 in some way.</p> <p>7 They use to use a laser.</p> <p>8 I'm not sure if they're still</p> <p>9 doing laser laparoscopy.</p> <p>10 But ultimately, removal of</p> <p>11 the tubes and ovaries is the</p> <p>12 definitive treatment because that</p> <p>13 takes away the -- and removal of</p> <p>14 the lesions or destruction of the</p> <p>15 lesion.</p> <p>16 In some cases, we have to</p> <p>17 resect the colon or part of the</p> <p>18 stomach, part of the small</p> <p>19 intestine, depending on which</p> <p>20 organs are involved.</p> <p>21 Removal of the lesions,</p> <p>22 destroying them, and then removal</p> <p>23 of the tubes and ovaries is the</p> <p>24 definitive treatment.</p>

<p style="text-align: right;">Page 114</p> <p>1 BY MS. PITTARD:</p> <p>2 Q. Would removal of the uterus</p> <p>3 and fallopian tubes be definitive</p> <p>4 treatment for endometriosis?</p> <p>5 MS. CURRY: Object to the</p> <p>6 form.</p> <p>7 THE WITNESS: Not without</p> <p>8 removing the ovaries, no. Because</p> <p>9 the ovaries drive the process.</p> <p>10 Or I should say that the</p> <p>11 ovarian production of estrogen</p> <p>12 drives the growth of</p> <p>13 endometriosis.</p> <p>14 BY MS. PITTARD:</p> <p>15 Q. And to be clear, where does</p> <p>16 that growth occur?</p> <p>17 A. Where does what growth</p> <p>18 occur?</p> <p>19 Q. I thought I understood you</p> <p>20 to say that the ovaries drive growth of</p> <p>21 endometriosis? Am I --</p> <p>22 A. Right. That's correct. So</p> <p>23 the ovaries produce estrogen, which</p> <p>24 drives the growth of the endometriosis.</p>	<p style="text-align: right;">Page 116</p> <p>1 have you diagnosed a women at age 60</p> <p>2 who's postmenopausal, has had a</p> <p>3 hysterectomy and a tubal ligation with</p> <p>4 endometriosis?</p> <p>5 A. That's not real common.</p> <p>6 One particular case comes to</p> <p>7 mind. An OB/GYN in town, who I trained,</p> <p>8 sent his mother to me. His mother was in</p> <p>9 her late 50's, and she had ascites and</p> <p>10 omental mass and an elevated CA 125 over</p> <p>11 1,000.</p> <p>12 And I operated on her, and</p> <p>13 it turned out to be endometriosis. That</p> <p>14 was a number of years ago, but it does</p> <p>15 happen.</p> <p>16 Q. Sounds like it's pretty rare</p> <p>17 there. That's the one case you can</p> <p>18 remember?</p> <p>19 MS. CURRY: Object to the</p> <p>20 form.</p> <p>21 THE WITNESS: Well, I just</p> <p>22 gave that as an example. I</p> <p>23 probably see a case every couple</p> <p>24 years. It is very uncommon, yes.</p>
<p style="text-align: right;">Page 115</p> <p>1 And as I just said a few</p> <p>2 minutes ago, the endometriosis can be</p> <p>3 anywhere in the body. It's generally</p> <p>4 confined to the abdomen and pelvis, but</p> <p>5 you can find it in the lungs. Like I</p> <p>6 said, the upper abdomen, pleural</p> <p>7 effusion.</p> <p>8 I had this young</p> <p>9 28-year-old. I took out both tubes and</p> <p>10 ovaries, and she ended up having an</p> <p>11 ovarian remnant, just a little piece of</p> <p>12 an ovary that caused her pleural</p> <p>13 effusions to occur and the upper</p> <p>14 abdominal disease in the stomach.</p> <p>15 So we ended up having to</p> <p>16 resect her colon just to get that ovarian</p> <p>17 remnant out. And it's a terrible</p> <p>18 disease.</p> <p>19 Q. I'm sorry. I thought you</p> <p>20 were finished. Go ahead.</p> <p>21 A. I just said it's a terrible</p> <p>22 disease.</p> <p>23 Q. Oh, for sure.</p> <p>24 How often in your practice</p>	<p style="text-align: right;">Page 117</p> <p>1 BY MS. PITTARD:</p> <p>2 Q. Would that be particularly</p> <p>3 true in a woman who is not on replacement</p> <p>4 hormone therapy?</p> <p>5 MS. CURRY: Object to the</p> <p>6 form.</p> <p>7 BY MS. PITTARD:</p> <p>8 Q. It would be rare, just to</p> <p>9 clarify?</p> <p>10 A. It would be rare to see</p> <p>11 active endometriosis, but it would not be</p> <p>12 rare to see a clear cell cancer that</p> <p>13 originated from endometriosis, like</p> <p>14 Ms. Bondurant had.</p> <p>15 Q. We just talked about some of</p> <p>16 the symptoms of endometriosis.</p> <p>17 Did you see any</p> <p>18 indication -- and let me be clear on</p> <p>19 this, too -- other than a history of</p> <p>20 endometriosis back in the 80's, maybe</p> <p>21 early '90's, did you see any indication</p> <p>22 that endometriosis was an issue for</p> <p>23 Ms. Bondurant between, let's say, 1992,</p> <p>24 when she had her hysterectomy, and the</p>

<p style="text-align: right;">Page 118</p> <p>1 day of her diagnosis?</p> <p>2 MS. CURRY: Object to the</p> <p>3 form.</p> <p>4 THE WITNESS: The only --</p> <p>5 the evidence that I saw was on her</p> <p>6 plaintiff's information sheet and</p> <p>7 then, I believe, in the daughter's</p> <p>8 deposition.</p> <p>9 And I certainly respect the</p> <p>10 daughter and the patient, that</p> <p>11 they were telling the truth.</p> <p>12 But once a women has</p> <p>13 endometriosis, she's -- has a</p> <p>14 lifetime risk of clear cell</p> <p>15 carcinoma.</p> <p>16 And the clear cell carcinoma</p> <p>17 doesn't go away just because they</p> <p>18 don't have active endometriosis.</p> <p>19 The active endometriosis tends to</p> <p>20 shrivel up and become less</p> <p>21 symptomatic, but the risk of clear</p> <p>22 cell carcinoma doesn't seem to go</p> <p>23 away.</p> <p>24 The risk of clear cell</p>	<p style="text-align: right;">Page 120</p> <p>1 records -- and, you know, I guess this</p> <p>2 goes to your point that sometimes, you</p> <p>3 know, women may get confused sometimes</p> <p>4 about their gynecological history.</p> <p>5 So did you see anything</p> <p>6 definitive in the records that would</p> <p>7 indicate a diagnosis of endometriosis?</p> <p>8 MS. CURRY: Object to the</p> <p>9 form.</p> <p>10 THE WITNESS: I think it was</p> <p>11 mentioned in her history a couple</p> <p>12 of times. Certainly -- and again,</p> <p>13 I'm not going to question the</p> <p>14 truthfulness of Ms. Bondurant.</p> <p>15 I'm going to make the assumption</p> <p>16 that she was truthful in giving</p> <p>17 her medical history.</p> <p>18 But other than that, no.</p> <p>19 BY MS. PITTARD:</p> <p>20 Q. Okay. No pathology reports</p> <p>21 or anything that would provide clinical</p> <p>22 evidence of endometriosis?</p> <p>23 A. No. And we don't really</p> <p>24 need pathology reports. We commonly base</p>
<p style="text-align: right;">Page 119</p> <p>1 carcinoma is related to the</p> <p>2 history of endometriosis, not</p> <p>3 active endometriosis.</p> <p>4 BY MS. PITTARD:</p> <p>5 Q. And just to go back to my</p> <p>6 original question, did you see any</p> <p>7 evidence between -- and I believe the</p> <p>8 daughter and the plaintiff actually both</p> <p>9 referred to endometriosis before 1992.</p> <p>10 So between 1992, when she</p> <p>11 had her hysterectomy, and the time of her</p> <p>12 diagnosis, were there any indications in</p> <p>13 her medical records that relate to</p> <p>14 endometriosis signs or symptoms?</p> <p>15 A. Not that I saw.</p> <p>16 Q. And have you seen or</p> <p>17 reviewed the pathology from her</p> <p>18 hysterectomy back in the early 1990's?</p> <p>19 A. I don't recall. I reviewed</p> <p>20 thousands and thousands pages of records,</p> <p>21 it seems like, but I'll have to look back</p> <p>22 at that.</p> <p>23 Q. Other than her -- other than</p> <p>24 her history as reported in the medical</p>	<p style="text-align: right;">Page 121</p> <p>1 our management based on patient history.</p> <p>2 We -- frequently, we don't have pathology</p> <p>3 reports, especially if a woman had a</p> <p>4 hysterectomy 20 or 30 years prior. We</p> <p>5 base -- we base our management based on</p> <p>6 the fact that the patient -- we're</p> <p>7 assuming that the patient is telling us</p> <p>8 the truth.</p> <p>9 Q. Sure. Sure. I just wanted</p> <p>10 to make sure there wasn't anything in the</p> <p>11 record that I might have missed.</p> <p>12 A. No.</p> <p>13 Q. Okay. Miss -- and just kind</p> <p>14 of wrapping up our discussion of factors,</p> <p>15 Ms. Bondurant's daughter also testified</p> <p>16 in her deposition that she did not</p> <p>17 douche; correct?</p> <p>18 A. I believe that's correct.</p> <p>19 Q. In terms of discussion --</p> <p>20 you know, there's a lot of discussion</p> <p>21 about protective factors in your report</p> <p>22 and in the literature.</p> <p>23 Can you describe what's</p> <p>24 meant by a protective factor for ovarian</p>

<p style="text-align: right;">Page 122</p> <p>1 cancer?</p> <p>2 A. Well, there are factors that</p> <p>3 seem to reduce the risk, like a tubal</p> <p>4 ligation, for example, or taking birth</p> <p>5 control pills for five years or more, or</p> <p>6 breastfeeding. Those seem to be</p> <p>7 protective.</p> <p>8 Q. And, actually, Ms. Bondurant</p> <p>9 had a tubal ligation in 1987; correct?</p> <p>10 A. Right.</p> <p>11 Q. And she took oral</p> <p>12 contraceptive pills according to her</p> <p>13 medical records and her daughter's</p> <p>14 deposition; correct?</p> <p>15 A. Yes. I pointed out all the</p> <p>16 factors that were risk reducing on</p> <p>17 page 64 or 65 in my report. Something</p> <p>18 like that.</p> <p>19 Q. Right. And, in fact, you</p> <p>20 said that taking OCP's for five years or</p> <p>21 more can reduce risk by as much as</p> <p>22 50 percent?</p> <p>23 A. That's correct.</p> <p>24 Q. And, in fact, you counsel</p>	<p style="text-align: right;">Page 124</p> <p>1 pregnancy as a protective factor;</p> <p>2 correct?</p> <p>3 A. That is correct.</p> <p>4 Q. And it's -- the effect is</p> <p>5 additive, meaning the more pregnancies</p> <p>6 you have, the more protective the factor?</p> <p>7 MS. CURRY: Object to the</p> <p>8 form.</p> <p>9 THE WITNESS: That seems to</p> <p>10 be the case.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. And in this case,</p> <p>13 Ms. Bondurant had five pregnancies and</p> <p>14 three births?</p> <p>15 A. Yes.</p> <p>16 Q. Hysterectomy also offers a</p> <p>17 protective factor against ovarian cancer;</p> <p>18 correct?</p> <p>19 A. Yes.</p> <p>20 Q. And, as I mentioned,</p> <p>21 Ms. Bondurant had a hysterectomy in 1992?</p> <p>22 A. That is correct.</p> <p>23 Q. I'm going to share my screen</p> <p>24 now, and we'll talk about some</p>
<p style="text-align: right;">Page 123</p> <p>1 some of your patients, I believe, to take</p> <p>2 OCP's to reduce their cancer risk;</p> <p>3 correct?</p> <p>4 A. Absolutely. It's one of few</p> <p>5 medical measures that we have that's a</p> <p>6 simple pill that can prevent cancer. So</p> <p>7 absolutely.</p> <p>8 Q. And you also state in your</p> <p>9 report that breastfeeding is associated</p> <p>10 with risk reduction, about 20 to</p> <p>11 25 percent?</p> <p>12 A. Right.</p> <p>13 Q. And Ms. Bondurant breastfed</p> <p>14 for about nine months, according to her</p> <p>15 records; correct?</p> <p>16 A. Yes.</p> <p>17 Q. And in your report, you</p> <p>18 break down the different percentages of</p> <p>19 breastfeeding and risk reduction. And I</p> <p>20 believe that correlates to about a</p> <p>21 27 percent reduction in risk based on</p> <p>22 your report?</p> <p>23 A. Correct.</p> <p>24 Q. Also, you talk about</p>	<p style="text-align: right;">Page 125</p> <p>1 literature. We'll start with Exhibit 13.</p> <p>2 It's not going up. Just one sec.</p> <p>3 (At this time, a document</p> <p>4 was marked for identification as</p> <p>5 Exhibit No. 13.)</p> <p>6 BY MS. PITTARD:</p> <p>7 Q. Can you see it now? It's</p> <p>8 the Wu article?</p> <p>9 A. I do.</p> <p>10 MS. CURRY: I don't see it</p> <p>11 in the chat. Can you put that in</p> <p>12 the chat?</p> <p>13 MS. PITTARD: Yes. I'm</p> <p>14 working on it right now. Okay.</p> <p>15 It should be there now, Dawn.</p> <p>16 MS. CURRY: Got it. Yes,</p> <p>17 thank you.</p> <p>18 MS. PITTARD: Sure.</p> <p>19 BY MS. PITTARD:</p> <p>20 Q. Okay. Exhibit 13 is a case</p> <p>21 control study entitled "Markers of</p> <p>22 inflammation and Risk of Ovarian Cancer</p> <p>23 in Los Angeles County. And this one of</p> <p>24 the studies that you cited in your</p>

<p style="text-align: right;">Page 126</p> <p>1 report; correct?</p> <p>2 A. Yes.</p> <p>3 Q. The study included 609 women</p> <p>4 with newly diagnosed epithelial ovarian</p> <p>5 cancer and 688 population-based control</p> <p>6 women?</p> <p>7 A. I thought this deposition</p> <p>8 was supposed to be --</p> <p>9 MS. CURRY: Yeah. I'll</p> <p>10 handle that, Dr. Finan. Thank</p> <p>11 you.</p> <p>12 So I was giving you leeway</p> <p>13 to get a question about</p> <p>14 Ms. Bondurant with respect to this</p> <p>15 particular article. But this</p> <p>16 article was not something that was</p> <p>17 newly added to Dr. Finan's expert</p> <p>18 report after the general causation</p> <p>19 opinions have already been asked</p> <p>20 about.</p> <p>21 So if you're going to ask a</p> <p>22 question about Ms. Bondurant,</p> <p>23 that's fine, but I don't want to</p> <p>24 retread through literature that</p>	<p style="text-align: right;">Page 128</p> <p>1 finding for serous ovarian cancer.</p> <p>2 And then the part that's, of</p> <p>3 course, relevant to Ms. Bondurant is this</p> <p>4 1.19 for clear endometrioid; correct?</p> <p>5 MS. CURRY: Object to the</p> <p>6 form.</p> <p>7 THE WITNESS: That's what it</p> <p>8 says.</p> <p>9 BY MS. PITTARD:</p> <p>10 Q. And so based on this</p> <p>11 article, the Wu article that is cited in</p> <p>12 your report, the relative risk for</p> <p>13 Ms. Bondurant would have been 1.19?</p> <p>14 MS. CURRY: Object to the</p> <p>15 form.</p> <p>16 THE WITNESS: Well, I want</p> <p>17 to see the table because the table</p> <p>18 will give me the confidence</p> <p>19 interval.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. Sure. I think it may be --</p> <p>22 oh, you're right. It's not there. Let</p> <p>23 me see. I'm beginning to wonder if they</p> <p>24 put in a table, and maybe that's why I</p>
<p style="text-align: right;">Page 127</p> <p>1 could have been asked about</p> <p>2 previously.</p> <p>3 MS. PITTARD: Fair enough.</p> <p>4 BY MS. PITTARD:</p> <p>5 Q. And I actually highlighted</p> <p>6 in this article the parts that apply to</p> <p>7 Ms. Bondurant since this was cited in her</p> <p>8 case specific report.</p> <p>9 So let's look at the first</p> <p>10 highlight I've got here on page 1411</p> <p>11 under materials and methods. And it</p> <p>12 states that the cell type distribution in</p> <p>13 this case included 14 percent clear cell</p> <p>14 endometrioid cancers; correct?</p> <p>15 A. Correct.</p> <p>16 Q. And then I'm going to scroll</p> <p>17 down to page 1411, results section. It</p> <p>18 says that. The association between talc</p> <p>19 use and risk of ovarian cancer was</p> <p>20 strongest per serous ovarian cancer. The</p> <p>21 RR associated with it was 1.7.</p> <p>22 And then the risk</p> <p>23 associations for talc use and other</p> <p>24 histologic cell types overlapped with the</p>	<p style="text-align: right;">Page 129</p> <p>1 don't have it highlighted.</p> <p>2 THE WITNESS: Well, if the</p> <p>3 confidence interval crosses one,</p> <p>4 then it's not significant. So I'm</p> <p>5 not going to agree to that, the</p> <p>6 accuracy of that statement until I</p> <p>7 see the confidence interval.</p> <p>8 BY MS. PITTARD:</p> <p>9 Q. Okay. Let's go back to --</p> <p>10 to this paragraph. The association</p> <p>11 between talc use and risk for ovarian</p> <p>12 cancer was strongest for serous ovarian</p> <p>13 cancer. The RR associated with any use</p> <p>14 was 1.7, 95 percent confidence interval,</p> <p>15 1.27 to 2.28; correct?</p> <p>16 A. Right.</p> <p>17 Q. Okay. And then the risk</p> <p>18 associations for talc use and other</p> <p>19 histologic cell types overlapped with the</p> <p>20 finding for serous ovarian cancer. And</p> <p>21 it says RR's were .99 for mucinous, 1.19</p> <p>22 for clear endometrioid, and 1.46 for</p> <p>23 other cell types; correct?</p> <p>24 A. Correct.</p>

<p style="text-align: right;">Page 130</p> <p>1 Q. Okay. And then there was 2 elevated risk related to -- in relation 3 to talc use for those found with invasive 4 cancers. And Ms. Bondurant's cancer was 5 invasive; correct? 6 A. Correct. 7 Q. And also, her cancer was 8 advanced stage? 9 A. Correct. 10 Q. And so the risk ratio there 11 is 1.66 with a 95 percent confidence 12 interval, 1.22 to 2.26 for advanced 13 stage; correct? 14 MS. CURRY: Object to the 15 form. 16 THE WITNESS: That's 17 correct. 18 BY MS. PITTARD: 19 Q. And then moving down to 20 page 412, compared with women who did not 21 have endometriosis and were non talc 22 users, risk increased threefold. Risk 23 ratio equals 3.12 with a 95 confidence 24 interval, 1.37 to 7.22.</p>	<p style="text-align: right;">Page 132</p> <p>1 on either -- on any of those Johnson's 2 Baby Powder containers for a woman like 3 Ms. Bondurant that states that if you 4 have a history of endometriosis, assuming 5 she did, that your risk of ovarian cancer 6 is increased threefold by using Johnson's 7 Baby Powder? 8 MS. CURRY: Object to the 9 form. 10 THE WITNESS: I don't 11 recall. But to be honest with 12 you, I don't really spend a lot of 13 time reading labels on anything. 14 BY MS. PITTARD: 15 Q. How long have you used 16 Johnson's Baby Powder? 17 MS. CURRY: Object to form. 18 This has nothing to do with 19 Ms. Bondurant. 20 MS. PITTARD: Well, I 21 disagree because if -- if there is 22 an allegation that she had 23 endometriosis and if Johnson & 24 Johnson's product could</p>
<p style="text-align: right;">Page 131</p> <p>1 In women who had 2 endometriosis and were talc users, 3 whereas about 50 percent increase risk 4 was observed in women who had either 5 exposure; correct? 6 MS. CURRY: Object to the 7 form. 8 THE WITNESS: That's 9 correct -- 10 MS. CURRY: Are you asking 11 if you've read that correctly, or 12 are you asking him if the 13 statement itself is correct. 14 MS. PITTARD: I'm asking him 15 if that's what the study says that 16 he cited in his report. 17 THE WITNESS: Yes, you read 18 that correctly. That's what it 19 says. 20 BY MS. PITTARD: 21 Q. Dr. Finan, you use Johnson's 22 Baby Powder yourself, don't you? 23 A. Yes. 24 Q. Have you ever seen a warning</p>	<p style="text-align: right;">Page 133</p> <p>1 potentially triple her chance of 2 ovarian cancer, I think that we 3 should -- that that's fair game. 4 MS. CURRY: But not how long 5 Dr. Finan has used Johnson's Baby 6 Powder has nothing to do with 7 anything -- with the opinion that 8 you're even trying to get out of 9 him right now. 10 MS. PITTARD: I think it has 11 to do with how many opportunities 12 he had to observe this warning. 13 But I'll move on. 14 BY MS. PITTARD: 15 Q. Dr. Finan, are you aware 16 whether Johnson & Johnson's Baby Powder 17 or Shower to Shower has ever included a 18 warning about women with a history of 19 endometriosis should not use the product? 20 MS. CURRY: Object to the 21 form. It's outside the scope of 22 his opinions. He's not here to 23 provide warning opinions as a 24 gynecologic oncologist. Also,</p>

<p style="text-align: right;">Page 134</p> <p>1 outside his specific opinion.</p> <p>2 MS. PITTARD: It's not a</p> <p>3 warning opinion. I'm asking him</p> <p>4 whether he's ever seen a warning</p> <p>5 on a Johnson's Baby Powder bottle</p> <p>6 or a Shower to Shower bottle that</p> <p>7 warns women with endometriosis not</p> <p>8 to use it.</p> <p>9 MS. CURRY: Outside the</p> <p>10 scope of this case specific</p> <p>11 deposition.</p> <p>12 BY MS. PITTARD:</p> <p>13 Q. You can answer.</p> <p>14 MS. CURRY: No. I'm</p> <p>15 actually going to instruct him not</p> <p>16 to answer.</p> <p>17 BY MS. PITTARD:</p> <p>18 Q. Dr. Finan, are you aware --</p> <p>19 assuming that the allegation that</p> <p>20 Ms. Bondurant had endometriosis is</p> <p>21 correct, are you aware that using</p> <p>22 Johnson's Baby Powder would have tripled</p> <p>23 her risk of ovarian cancer?</p> <p>24 MS. CURRY: Object to the</p>	<p style="text-align: right;">Page 136</p> <p>1 Q. Moving on to the discussion</p> <p>2 in this article, it states, "Our findings</p> <p>3 on talc and endometriosis are consistent</p> <p>4 with previous findings, and are</p> <p>5 compatible with the hypothesis that these</p> <p>6 factors increase the risk of ovarian</p> <p>7 cancer and inflammation may be a common</p> <p>8 pathway."</p> <p>9 Now, endometriosis is known</p> <p>10 to cause inflammation; right?</p> <p>11 MS. CURRY: Object to the</p> <p>12 form.</p> <p>13 THE WITNESS: I'm sorry.</p> <p>14 Repeat the question.</p> <p>15 BY MS. PITTARD:</p> <p>16 Q. Sure. Is endometriosis</p> <p>17 known to cause inflammation?</p> <p>18 MS. CURRY: Same objection.</p> <p>19 THE WITNESS: Yes, it can.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. Does talcum powder cause</p> <p>22 inflammation?</p> <p>23 MS. CURRY: Object to the</p> <p>24 form.</p>
<p style="text-align: right;">Page 135</p> <p>1 form.</p> <p>2 THE WITNESS: This was a</p> <p>3 case control study, and case</p> <p>4 control studies are notoriously at</p> <p>5 risk for several types of bias,</p> <p>6 selection bias and recall bias</p> <p>7 being two of the strongest.</p> <p>8 And I pointed that out</p> <p>9 throughout my expert opinion, and</p> <p>10 I simply don't agree with this --</p> <p>11 with this statement or these</p> <p>12 findings.</p> <p>13 I've made it clear, in my</p> <p>14 opinion, that I don't believe</p> <p>15 talcum powder causes ovarian</p> <p>16 cancer, and certainly don't</p> <p>17 believe that it increases the risk</p> <p>18 of ovarian cancer in women with a</p> <p>19 history of endometriosis.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. Just to be clear, you did</p> <p>22 cite this article in your expert report?</p> <p>23 A. Sure. I cited many</p> <p>24 articles. Over a hundred.</p>	<p style="text-align: right;">Page 137</p> <p>1 THE WITNESS: Not in my</p> <p>2 experience. I mean, women use it</p> <p>3 because it's so soothing. If it</p> <p>4 caused inflammation, I don't</p> <p>5 believe it would have sold -- they</p> <p>6 wouldn't have sold many bottles of</p> <p>7 it.</p> <p>8 BY MS. PITTARD:</p> <p>9 Q. What about in pleurodesis?</p> <p>10 Does it cause inflammation in that</p> <p>11 context?</p> <p>12 A. Yes. Yes.</p> <p>13 Q. All right.</p> <p>14 MS. PITTARD: Let's move on</p> <p>15 to what I'm going to introduce as</p> <p>16 Exhibit 14. And I will drop that</p> <p>17 in the chat as well.</p> <p>18 (At this time, a document</p> <p>19 was marked for identification as</p> <p>20 Exhibit No. 14.)</p> <p>21 MS. PITTARD: Give me one</p> <p>22 minute. Sorry. I -- I think I</p> <p>23 just lost my -- it's actually --</p> <p>24 can you see this O'Brien article</p>

<p style="text-align: right;">Page 138</p> <p>1 2024, Katie O'Brien?</p> <p>2 MS. CURRY: Can you put it</p> <p>3 in the chat? Sorry. And it's</p> <p>4 also not on the screen.</p> <p>5 THE WITNESS: No. Just your</p> <p>6 file is on the screen. There you</p> <p>7 go.</p> <p>8 MS. PITTARD: Okay. There's</p> <p>9 some magic to closing things out</p> <p>10 in the right order that seems to</p> <p>11 play --</p> <p>12 MS. CURRY: You're doing way</p> <p>13 better than I would.</p> <p>14 THE WITNESS: I have not</p> <p>15 figured that magic out myself.</p> <p>16 BY MS. PITTARD:</p> <p>17 Q. Okay. There we go. All</p> <p>18 right. So this is the 2024 article by</p> <p>19 Katie O'Brien, and I believe you were --</p> <p>20 that you referenced earlier in our</p> <p>21 discussion; correct?</p> <p>22 A. Correct.</p> <p>23 Q. Okay. All right. And when</p> <p>24 we talked about it earlier, I believe,</p>	<p style="text-align: right;">Page 140</p> <p>1 prospective studies are not</p> <p>2 affected by recall bias.</p> <p>3 And then finally, on</p> <p>4 page 14, she says, when she's</p> <p>5 talking about the findings</p> <p>6 supporting her hypothesis, she</p> <p>7 said they do not pinpoint a</p> <p>8 specific cause or mechanism.</p> <p>9 So all of this strengthens</p> <p>10 my -- all of those statements</p> <p>11 strengthen my opinion, oddly</p> <p>12 enough.</p> <p>13 BY MS. PITTARD:</p> <p>14 Q. And one of the purposes of</p> <p>15 this article was to, I guess, correct or</p> <p>16 plug in holes in what may be perceived as</p> <p>17 bias; correct?</p> <p>18 MS. CURRY: Object to the</p> <p>19 form.</p> <p>20 THE WITNESS: I think that</p> <p>21 was the purpose, but it's really</p> <p>22 missed the boat, in my opinion, in</p> <p>23 doing that.</p> <p>24 BY MS. PITTARD:</p>
<p style="text-align: right;">Page 139</p> <p>1 the context of it coming up in our</p> <p>2 discussion is I had asked you if there</p> <p>3 was any new literature citations in your</p> <p>4 materials considered list that made you,</p> <p>5 you know, reconsider your opinions, and</p> <p>6 you mentioned the O'Brien article.</p> <p>7 Can you tell us more</p> <p>8 about -- about the O'Brien article and</p> <p>9 how it made you, I guess, reconsider or</p> <p>10 rethink your opinions in this case?</p> <p>11 MS. CURRY: Object to the</p> <p>12 form.</p> <p>13 THE WITNESS: Yes.</p> <p>14 Absolutely. So I love this</p> <p>15 article because it specifically</p> <p>16 points out the recall bias in case</p> <p>17 controlled studies.</p> <p>18 On page 2, she specifically</p> <p>19 states that in studies with</p> <p>20 retrospective data collection,</p> <p>21 women with and without ovarian</p> <p>22 cancer may differentially report</p> <p>23 exposure leading to recall bias.</p> <p>24 And she also states that</p>	<p style="text-align: right;">Page 141</p> <p>1 Q. In your report, you</p> <p>2 criticize this article for applying what</p> <p>3 you call artificial scenarios. So let's</p> <p>4 look at page 4 of the article. There is</p> <p>5 some -- let's see.</p> <p>6 Okay. Here under</p> <p>7 quantitative bias analysis, for ever</p> <p>8 versus never used analyses, we compared</p> <p>9 four possible scenarios using</p> <p>10 quantitative bias analysis.</p> <p>11 No. 1, no correction; No. 2,</p> <p>12 contradictory data correction; No. 3,</p> <p>13 contradictory data correction plus</p> <p>14 categorizing missing or undefined as</p> <p>15 exposed; and 4, contradictory data</p> <p>16 correction with multiple imputation of</p> <p>17 missing or undefined data.</p> <p>18 Are those the artificial</p> <p>19 scenarios that you're referring to in</p> <p>20 your report?</p> <p>21 MS. CURRY: Object to the</p> <p>22 form.</p> <p>23 THE WITNESS: Well, there's</p> <p>24 multiple. The artificial</p>

<p style="text-align: right;">Page 142</p> <p>1 scenarios go throughout the</p> <p>2 whole -- the whole dadgum article.</p> <p>3 They -- they -- they apply all</p> <p>4 these artificial scenarios of</p> <p>5 recall bias from, I think,</p> <p>6 10 percent all the way up through</p> <p>7 90 percent, and they're using --</p> <p>8 they're not -- they're using data</p> <p>9 where they only collected -- they</p> <p>10 only had a 60 percent response</p> <p>11 rate.</p> <p>12 And the questionnaire that</p> <p>13 they sent out was after 2014, when</p> <p>14 all this became mentioned in the</p> <p>15 media. The legal cases just</p> <p>16 became mentioned in the news</p> <p>17 media. So that adds tremendous</p> <p>18 bias.</p> <p>19 And I love the fact that</p> <p>20 she's pointing out that there is</p> <p>21 recall bias because the original</p> <p>22 sister study, which was very well</p> <p>23 done, did not show an association</p> <p>24 between talcum powder and ovarian</p>	<p style="text-align: right;">Page 144</p> <p>1 THE WITNESS: Correct.</p> <p>2 BY MS. PITTARD:</p> <p>3 Q. And in nonserous, under ever</p> <p>4 genital talc use with no bias correction,</p> <p>5 the HR was 1.64 with a 95 percent</p> <p>6 confidence interval of 1.02 to 2.65;</p> <p>7 correct?</p> <p>8 A. That is correct.</p> <p>9 Q. And ever genital talc use</p> <p>10 that was corrected for recall bias had a</p> <p>11 hazard ratio of 1.29?</p> <p>12 A. That was not significant.</p> <p>13 So that also supports my opinion that</p> <p>14 it's not related. Because the confidence</p> <p>15 interval is .79 to 2.09.</p> <p>16 Q. So -- I'm sorry. Go ahead.</p> <p>17 A. So the 1.29 is a</p> <p>18 nonsignificant result. It means that the</p> <p>19 two groups were similar.</p> <p>20 Q. Well, when you say -- when</p> <p>21 you say "not significant," I think you</p> <p>22 mean, you know, obviously, not</p> <p>23 statistically significant; correct?</p> <p>24 MS. CURRY: Object to the</p>
<p style="text-align: right;">Page 143</p> <p>1 cancer. So it's not only these</p> <p>2 four, but it's everything I just</p> <p>3 mentioned.</p> <p>4 BY MS. PITTARD:</p> <p>5 Q. And again, the point of the</p> <p>6 scenarios that the researchers created</p> <p>7 was to account for recall bias or to</p> <p>8 control for recall bias; correct?</p> <p>9 MS. CURRY: Object to the</p> <p>10 form.</p> <p>11 THE WITNESS: That was their</p> <p>12 intended purpose, yes.</p> <p>13 BY MS. PITTARD:</p> <p>14 Q. Let's look at Table 4, which</p> <p>15 is on page 12 of the article and use this</p> <p>16 as it might apply to Ms. Bondurant.</p> <p>17 So under the row or the</p> <p>18 category of ovarian cancer, there's</p> <p>19 three, I guess, subcategories, medically</p> <p>20 confirmed, serous, and nonserous. And so</p> <p>21 the type of cancer that Ms. Bondurant had</p> <p>22 was nonserous; correct?</p> <p>23 MS. CURRY: Object to the</p> <p>24 form.</p>	<p style="text-align: right;">Page 145</p> <p>1 form.</p> <p>2 THE WITNESS: Correct.</p> <p>3 BY MS. PITTARD:</p> <p>4 Q. And that's not the same as</p> <p>5 saying there's no association; correct?</p> <p>6 MS. CURRY: Object to the</p> <p>7 form.</p> <p>8 THE WITNESS: What it is</p> <p>9 saying is that there's no</p> <p>10 association. Statistically</p> <p>11 similar results.</p> <p>12 BY MS. PITTARD:</p> <p>13 Q. Well, there can be a</p> <p>14 positive association between two factors</p> <p>15 without statistical significance, can't</p> <p>16 there?</p> <p>17 MS. CURRY: Object to the</p> <p>18 form.</p> <p>19 THE WITNESS: No.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. Again, we'll just agree to</p> <p>22 disagree on that.</p> <p>23 All right. Let's look at</p> <p>24 serous. In serous, with ever genital</p>

<p style="text-align: right;">Page 146</p> <p>1 talc use and no recall bias correction, 2 the hazard ratio is 2.12 and the 3 confidence interval is 95 percent, 1.38 4 to 2.35; correct? 5 A. Right. 6 Q. And so this is indicating a 7 more than twofold increase of the risk of 8 ovarian cancer in genital talc use? 9 MS. CURRY: Object to the 10 form. 11 THE WITNESS: Right. But if 12 you look back at the sister study, 13 which is the prospective study, 14 they found no association. 15 So this, to me, is -- I'm 16 not sure -- I'm not sure -- yes. 17 The answer is, yes, you read it 18 correctly. 19 BY MS. PITTARD: 20 Q. This is the same data from 21 the sister study; correct? 22 MS. CURRY: Object to the 23 form. 24 THE WITNESS: My</p>	<p style="text-align: right;">Page 148</p> <p>1 confidence interval of 1.06 to 2.48; 2 correct? 3 MS. CURRY: Object to the 4 form. 5 THE WITNESS: Correct. 6 BY MS. PITTARD: 7 Q. So whether -- I'm sorry. Go 8 ahead. 9 A. But more importantly, when 10 you do a prospective cohort study, and 11 you ask the questionnaire to 50,000 12 women, and you follow them over time, you 13 eliminate both selection bias and recall 14 bias. You totally eliminate it. That's 15 the whole purpose of the prospective 16 cohort study. 17 And that study, the sister 18 study, found no significant association 19 between talcum powder and ovarian cancer. 20 That's the data I'm relying on. 21 This study has a number of 22 flaws, which I pointed out in my expert 23 report. 24 So, yes, you are correct.</p>
<p style="text-align: right;">Page 147</p> <p>1 understanding is they sent out a 2 fresh questionnaire. 3 In Appendix 1, they talk 4 about some of their methods. And 5 they sent out a fresh 6 questionnaire where they got a 7 60 percent response rate. And I 8 was assuming that this table was 9 based on that. 10 BY MS. PITTARD: 11 Q. And it's the fourth 12 follow-up, isn't it, the questionnaire? 13 A. Right. And my point is it 14 was sent out -- it was -- it was sent out 15 after 2014, which injects tremendous 16 bias, as she pointed out earlier in her 17 article. 18 Q. And so that takes us to the 19 next column on the table, which is ever 20 genital talc corrected for recall bias, 21 which, I believe, is the point you were 22 trying to make. 23 And in that column, we've 24 got a hazard ration of 1.62, a 95 percent</p>	<p style="text-align: right;">Page 149</p> <p>1 You read that right, and that is what 2 they found. I just disagree with the 3 finding and the conclusions. 4 But I do agree with the fact 5 that she states very clearly, there's no 6 cause and effect, which, I believe, that 7 was on page 14 or 15. 8 Q. So back to my question, for 9 the serous findings, whether recall bias 10 is corrected or not corrected, the 11 results are both positive and 12 statistically significant; correct? 13 MS. CURRY: Object to the 14 form. 15 THE WITNESS: With the 16 artificial measures that she 17 injected, yes, you are correct. 18 BY MS. PITTARD: 19 Q. And by "artificial," you 20 mean controlling for recall bias? 21 MS. CURRY: Object to the 22 form. 23 THE WITNESS: Manipulating 24 the data is what I would call it.</p>

<p style="text-align: right;">Page 150</p> <p>1 BY MS. PITTARD:</p> <p>2 Q. What --</p> <p>3 A. The sister study has</p> <p>4 beautiful data, collected over many</p> <p>5 years, and patients were followed over</p> <p>6 many years. And its results are</p> <p>7 conclusive, that there is no association.</p> <p>8 And the reason that's</p> <p>9 important is because they eliminated</p> <p>10 recall bias and selection bias by asking</p> <p>11 these questions at the very beginning of</p> <p>12 the study. It's indisputable. And Chang</p> <p>13 subsequently studied the same data and</p> <p>14 published the same findings in 2024.</p> <p>15 So to take -- to take a</p> <p>16 study that was perfectly done and very</p> <p>17 well respected, and then manipulate the</p> <p>18 data in these artificial means, in my</p> <p>19 opinion, is unfair to the poor women who</p> <p>20 developed ovarian cancer in that study.</p> <p>21 And it's unfair to the -- to the -- to</p> <p>22 all 50,000.</p> <p>23 On top of that, they only</p> <p>24 had a response rate of 60 percent.</p>	<p style="text-align: right;">Page 152</p> <p>1 talking about the O'Brien study 2024,</p> <p>2 which is on your reliance list. And I</p> <p>3 want to put it back on my screen. All</p> <p>4 right. Can you see that?</p> <p>5 A. I do.</p> <p>6 Q. Okay. All right. Great.</p> <p>7 I'm want to just go back up to the top of</p> <p>8 the article page 1. And so Katie O'Brien</p> <p>9 is an author who has published numerous</p> <p>10 articles on genital talc and ovarian</p> <p>11 cancer, wouldn't you agree?</p> <p>12 MS. CURRY: Object to the</p> <p>13 form.</p> <p>14 THE WITNESS: Agreed.</p> <p>15 BY MS. PITTARD:</p> <p>16 Q. And Nicolas Wentzensen, are</p> <p>17 you familiar with that author as well?</p> <p>18 A. Not really. Not that I</p> <p>19 recall, at least.</p> <p>20 Q. Do you recognize his name</p> <p>21 from other articles on genital talc use</p> <p>22 on ovarian cancer?</p> <p>23 A. I'm terrible with names. I</p> <p>24 may have seen it many times, but that's</p>
<p style="text-align: right;">Page 151</p> <p>1 So I just -- I understand</p> <p>2 that the plaintiffs love this article for</p> <p>3 many reasons. I just -- it has a lot of</p> <p>4 flaws, in my opinion.</p> <p>5 Q. When the authors of this</p> <p>6 article provided hazard ratios, both with</p> <p>7 recall bias correction and without recall</p> <p>8 bias correction, wouldn't that eliminate</p> <p>9 the artificial scenarios that you've</p> <p>10 expressed in your expert report?</p> <p>11 MS. CURRY: Object to the</p> <p>12 form.</p> <p>13 THE WITNESS: Again, I'm</p> <p>14 going back -- I trust the original</p> <p>15 sister study.</p> <p>16 MS. PITTARD: Let's take</p> <p>17 about a five-minute break. Okay?</p> <p>18 MS. CURRY: Sure.</p> <p>19 THE WITNESS: That would be</p> <p>20 great.</p> <p>21 (At this time, a short break</p> <p>22 was taken.)</p> <p>23 BY MS. PITTARD:</p> <p>24 Q. When we left off, we were</p>	<p style="text-align: right;">Page 153</p> <p>1 one of the -- one of my many faults.</p> <p>2 I'll trust you on that.</p> <p>3 Q. This was published in a</p> <p>4 journal of clinical oncology; correct?</p> <p>5 A. Correct.</p> <p>6 Q. You're a clinical oncologist</p> <p>7 as well?</p> <p>8 COURT REPORTER: What was</p> <p>9 that? I'm sorry.</p> <p>10 MS. PITTARD: I was asking</p> <p>11 Dr. Finan if he is a clinical</p> <p>12 oncologist.</p> <p>13 COURT REPORTER: Thank you.</p> <p>14 THE WITNESS: Yes. I'm not</p> <p>15 a member of that society, but I am</p> <p>16 a clinical oncologist.</p> <p>17 BY MS. PITTARD:</p> <p>18 Q. Okay. In this study, it</p> <p>19 mentions that -- I'm trying to find it</p> <p>20 here -- the quote -- in the study, as you</p> <p>21 might recall, it mentions that women who</p> <p>22 used talc during their 20's and 30's are</p> <p>23 at the greatest increased risk of</p> <p>24 developing ovarian cancer; is that</p>

<p style="text-align: right;">Page 154</p> <p>1 correct?</p> <p>2 A. That's what they state, yes.</p> <p>3 Q. Was there any association</p> <p>4 for breast or uterine cancer in this</p> <p>5 study?</p> <p>6 A. No.</p> <p>7 Q. There was an editorial that</p> <p>8 was published alongside this. Are you</p> <p>9 familiar with that? By Harris?</p> <p>10 A. Yes.</p> <p>11 Q. In fact, I believe, you said</p> <p>12 that was one of the articles you brought</p> <p>13 with you today?</p> <p>14 A. Yes.</p> <p>15 Q. Give me just a minute. And</p> <p>16 is this the Harris editorial that you</p> <p>17 were referring to earlier?</p> <p>18 A. It is.</p> <p>19 MS. PITTARD: I'm going to</p> <p>20 introduce this as Exhibit 15.</p> <p>21 (At this time, a document</p> <p>22 was marked for identification as</p> <p>23 Exhibit No. 15.)</p> <p>24 BY MS. PITTARD:</p>	<p style="text-align: right;">Page 156</p> <p>1 this takeaway and suggestion by Harris</p> <p>2 and others, is it your intention to make</p> <p>3 your patients aware of the potential risk</p> <p>4 of ovarian with genital powder use?</p> <p>5 MS. CURRY: Object to the</p> <p>6 form.</p> <p>7 THE WITNESS: No. Talcum</p> <p>8 powder does not cause ovarian</p> <p>9 cancer. That's very clear.</p> <p>10 BY MS. PITTARD:</p> <p>11 Q. Does talcum powder have any</p> <p>12 positive medical benefit?</p> <p>13 MS. CURRY: Object to the</p> <p>14 form.</p> <p>15 BY MS. PITTARD:</p> <p>16 Q. When used in the genital</p> <p>17 area?</p> <p>18 A. Absolutely.</p> <p>19 Q. And what would that be?</p> <p>20 A. Well, you grow up in Mobile</p> <p>21 in a hot and humid environment. It's a</p> <p>22 drying agent. It's soothing. Drying may</p> <p>23 help prevent or, at least, lower the risk</p> <p>24 of yeast infections. It prevents</p>
<p style="text-align: right;">Page 155</p> <p>1 Q. In the Harris article or</p> <p>2 commentary, on page 2, under takeaway, it</p> <p>3 says, "Given that genital powder use and</p> <p>4 douching are modifiable exposures</p> <p>5 potentially associated with a highly</p> <p>6 fatal disease, these data suggest that</p> <p>7 people at risk for ovarian cancer,</p> <p>8 particularly those in their 20's and 30's</p> <p>9 should be made aware of potential risk."</p> <p>10 Would you agree that genital</p> <p>11 powder use is a modifiable exposure?</p> <p>12 MS. CURRY: Object to the</p> <p>13 form.</p> <p>14 THE WITNESS: It is -- I'm</p> <p>15 sorry. Go ahead.</p> <p>16 MS. CURRY: Go ahead. I</p> <p>17 just objected to the form.</p> <p>18 THE WITNESS: I agree that</p> <p>19 it is a modifiable exposure.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. And would you agree that</p> <p>22 ovarian cancer is a highly fatal disease?</p> <p>23 A. Yes.</p> <p>24 Q. Knowing those two things and</p>	<p style="text-align: right;">Page 157</p> <p>1 chaffing in -- particularly in obese</p> <p>2 women.</p> <p>3 It's a -- it can be used as</p> <p>4 a lubricant on condoms and diaphragms.</p> <p>5 And there's -- I can just tell you that</p> <p>6 talcum powder is not causing ovarian</p> <p>7 cancer. I wish we knew what caused it,</p> <p>8 but it's not talcum powder.</p> <p>9 Q. In your mind, how does the</p> <p>10 risk of yeast infections or chaffing</p> <p>11 compare to the risk of ovarian cancer?</p> <p>12 MS. CURRY: Object to the</p> <p>13 form.</p> <p>14 THE WITNESS: They're not</p> <p>15 comparable. And to even ask that</p> <p>16 question is an insult to every</p> <p>17 woman with ovarian cancer.</p> <p>18 BY MS. PITTARD:</p> <p>19 Q. My point in asking the</p> <p>20 question is that if there is a modifiable</p> <p>21 risk, Doctor, that has been shown as</p> <p>22 recently as a month ago to cause ovarian</p> <p>23 cancer, to be positively associated, even</p> <p>24 up to double the risk, and it does not</p>

<p style="text-align: right;">Page 158</p> <p>1 have any type of medical benefit that 2 would even remotely compare to ovarian 3 cancer, why wouldn't you counsel your 4 patients not to use it?</p> <p>5 MS. CURRY: Object to the 6 form.</p> <p>7 THE WITNESS: Well, not only 8 does it not cause ovarian cancer, 9 but Katie O'Brien says our 10 findings demonstrate -- well, I'm 11 sorry -- that they did not 12 pinpoint a specific cause or 13 mechanism.</p> <p>14 You're totally ignoring her 15 statement at the very last 16 paragraph of her article. They do 17 not pinpoint a specific cause or 18 mechanism.</p> <p>19 They found an association, 20 like more than a dozen other 21 authors. That association is not 22 a cause and effect. And --</p> <p>23 BY MS. PITTARD: 24 Q. Would it also -- sorry?</p>	<p style="text-align: right;">Page 160</p> <p>1 has ovarian cancer.</p> <p>2 But your patients who have 3 not yet been diagnosed, wouldn't you find 4 it advisable to let them know that these 5 scientists who have published, you know, 6 more than 40 articles have found a 7 positive association between talcum 8 powder use and ovarian cancer?</p> <p>9 MS. CURRY: Object to the 10 form.</p> <p>11 THE WITNESS: No.</p> <p>12 BY MS. PITTARD: 13 Q. Okay. You also mentioned 14 the ASCO press release. I believe that's 15 one of the papers you brought with you 16 today?</p> <p>17 A. That is correct.</p> <p>18 MS. PITTARD: Okay. And I'm 19 going to introduce that as 20 Exhibit 16.</p> <p>21 (At this time, a document 22 was marked for identification as 23 Exhibit No. 16.)</p> <p>24 BY MS. PITTARD:</p>
<p style="text-align: right;">Page 159</p> <p>1 MS. CURRY: Were you 2 finished with your answer, 3 Dr. Finan?</p> <p>4 THE WITNESS: No, I was not 5 finished.</p> <p>6 To make a woman with ovarian 7 cancer feel guilty that she caused 8 her ovarian cancer, you realize 9 what you're doing here. What 10 you're doing is you're implying 11 that a woman with ovarian cancer 12 caused her own cancer.</p> <p>13 I see these women every 14 single day. They did not cause 15 their cancer by using talcum 16 powder. That's an insult to them, 17 and I'm not going to tolerate it.</p> <p>18 BY MS. PITTARD: 19 Q. Dr. Finan, a large majority 20 of your practice is devoted, and -- and 21 commendably so, to preventing ovarian 22 cancer.</p> <p>23 And so let's say you never 24 have that conversation with anyone who</p>	<p style="text-align: right;">Page 161</p> <p>1 Q. Is that on your screen?</p> <p>2 A. Yes, that is.</p> <p>3 Q. The ASCO study -- or the 4 ASCO press release is entitled "Study 5 Finds Association Between Genital Talc 6 Use and Increased Risk of Ovarian 7 Cancer"; correct?</p> <p>8 A. Correct.</p> <p>9 Q. In this first paragraph, 10 this study underscores the potential risk 11 associated with intimate care products, 12 particularly genital talc. The evidence 13 adds to a growing body of literature that 14 suggests such products could contribute 15 to an increased risk of ovarian cancer, 16 especially among frequent users and those 17 using these products in their 20s 30s.</p> <p>18 And that's the first 19 paragraph of the ASCO press release; 20 correct?</p> <p>21 A. Yes. And that -- did you 22 read who -- who said that? A radiation 23 oncologist. Tell me -- well, I'll just 24 tell you.</p>

<p style="text-align: right;">Page 162</p> <p>1 Q. Yeah.</p> <p>2 A. Radiation oncologists do not</p> <p>3 treat ovarian cancer. It's -- it's never</p> <p>4 used. He is a -- he or she is a</p> <p>5 radiation oncologist. That tells you a</p> <p>6 lot about this statement.</p> <p>7 Q. Okay.</p> <p>8 A. And they could not find --</p> <p>9 that tells me that they could not find a</p> <p>10 gynecologic oncologist to make this</p> <p>11 statement. They had to find a radiation</p> <p>12 oncologist who do not treat ovarian</p> <p>13 cancer.</p> <p>14 Q. Well, that's -- you don't</p> <p>15 have any -- you have don't have any solid</p> <p>16 knowledge of that fact, do you?</p> <p>17 A. It's an interesting -- it's</p> <p>18 an interesting feature of this press</p> <p>19 release.</p> <p>20 Q. Okay. But it's based on</p> <p>21 your opinion?</p> <p>22 A. Of course.</p> <p>23 Q. This also says that -- and</p> <p>24 this statement is by Katie O'Brien, by</p>	<p style="text-align: right;">Page 164</p> <p>1 MS. CURRY: Object to the</p> <p>2 form.</p> <p>3 THE WITNESS: You read that</p> <p>4 correctly.</p> <p>5 BY MS. PITTARD:</p> <p>6 Q. Now, in your experience,</p> <p>7 does ASCO make a public statement on</p> <p>8 every article that it publishes in its</p> <p>9 journal?</p> <p>10 A. No.</p> <p>11 Q. Would that indicate to you</p> <p>12 the importance of this 2024 O'Brien</p> <p>13 study?</p> <p>14 MS. CURRY: Object to the</p> <p>15 form.</p> <p>16 THE WITNESS: I don't know</p> <p>17 how to interpret it.</p> <p>18 BY MS. PITTARD:</p> <p>19 Q. When taken in combination,</p> <p>20 the O'Brien 2024 study, the Harris</p> <p>21 commentary, and this ASCO press release,</p> <p>22 does that have any influence on your</p> <p>23 opinion that there is no association</p> <p>24 between genital talc use and ovarian</p>
<p style="text-align: right;">Page 163</p> <p>1 the way.</p> <p>2 Katie O'Brien, the lead</p> <p>3 author, says, Despite challenges in</p> <p>4 assessing exposure history and biases</p> <p>5 inherent in retrospective data, our</p> <p>6 findings are robust, showing a consistent</p> <p>7 association between genital talc use and</p> <p>8 ovarian cancer.</p> <p>9 You don't take issue with</p> <p>10 the person who made this statement, do</p> <p>11 you?</p> <p>12 MS. CURRY: Object to the</p> <p>13 form.</p> <p>14 THE WITNESS: No.</p> <p>15 BY MS. PITTARD:</p> <p>16 Q. The leverages detailed</p> <p>17 lifetime exposure histories -- I'm sorry.</p> <p>18 The study leverage detailed</p> <p>19 lifetime exposure histories and the</p> <p>20 unique design of the sister study to</p> <p>21 provide more reliable evidence that</p> <p>22 supports a potential association between</p> <p>23 long-term and frequent genital talc use</p> <p>24 in ovarian cancer; correct?</p>	<p style="text-align: right;">Page 165</p> <p>1 cancer?</p> <p>2 MS. CURRY: Object to the</p> <p>3 form.</p> <p>4 THE WITNESS: It strengthens</p> <p>5 my opinion that there's no</p> <p>6 association.</p> <p>7 Even -- even Katie O'Brien</p> <p>8 herself on page 14 says, "Those</p> <p>9 who died of their disease."</p> <p>10 Now, keep in mind, Katie</p> <p>11 O'Brien is not a gynecologic</p> <p>12 oncologist either. But she</p> <p>13 probably realizes that ovarian</p> <p>14 cancer has the death rate of about</p> <p>15 75 percent.</p> <p>16 "Those who died of their</p> <p>17 disease could not have completed</p> <p>18 the follow-up questionnaire</p> <p>19 allowing for bias because of</p> <p>20 differential missingness. This</p> <p>21 was particularly problematic for</p> <p>22 ovarian cancer, which has a low</p> <p>23 survival rate."</p> <p>24 Then she also goes on to</p>

<p style="text-align: right;">Page 166</p> <p>1 say, "Unmeasured confounding", on</p> <p>2 page 14, second-to-last paragraph,</p> <p>3 "Detailed data on related</p> <p>4 covariates informed our complex</p> <p>5 imputations and limited the</p> <p>6 possibility of residual</p> <p>7 confounding. However, unmeasured</p> <p>8 confounding could still be</p> <p>9 present."</p> <p>10 And then finally, again, she</p> <p>11 says, "They do not pinpoint a</p> <p>12 specific cause or mechanism."</p> <p>13 So I knew you all would love</p> <p>14 this article, but they mean --</p> <p>15 they mean, to me, the data and the</p> <p>16 results and findings of all three</p> <p>17 of these are -- have a much</p> <p>18 different meaning to me than they</p> <p>19 do to y'all, I'm sure.</p> <p>20 BY MS. PITTARD:</p> <p>21 Q. What made you say that you</p> <p>22 knew we would love this article?</p> <p>23 A. Because of all the questions</p> <p>24 you're asking me.</p>	<p style="text-align: right;">Page 168</p> <p>1 which I'm going to introduce as</p> <p>2 Exhibit 16.</p> <p>3 COURT REPORTER: 17.</p> <p>4 MS. PITTARD: 17. Thank</p> <p>5 you.</p> <p>6 (At this time, a document</p> <p>7 was marked for identification as</p> <p>8 Exhibit No. 17.)</p> <p>9 THE WITNESS: I thought I</p> <p>10 had already been deposed on this.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. Well, this is one of the</p> <p>13 articles that you cited in your case</p> <p>14 specific -- in your report on</p> <p>15 Ms. Bondurant. And so I'm going to limit</p> <p>16 my questions to those that would relate</p> <p>17 to her.</p> <p>18 MS. PITTARD: And I am going</p> <p>19 to drop it in the chat. It's</p> <p>20 going to have the wrong exhibit</p> <p>21 number on it.</p> <p>22 BY MS. PITTARD:</p> <p>23 Q. All right. So this is an</p> <p>24 article by Katie Terry. And I want to --</p>
<p style="text-align: right;">Page 167</p> <p>1 Q. How about before I asked</p> <p>2 you?</p> <p>3 MS. CURRY: Object to the</p> <p>4 form.</p> <p>5 THE WITNESS: I guess I was</p> <p>6 predicting the questions.</p> <p>7 BY MS. PITTARD:</p> <p>8 Q. Because there's a</p> <p>9 statistically significant positive</p> <p>10 association between ovarian cancer and</p> <p>11 genital talc use?</p> <p>12 A. Yes. Yes. Like there has</p> <p>13 been in half of the case controlled</p> <p>14 studies.</p> <p>15 And the fact that she spent</p> <p>16 so much effort looking at recall bias</p> <p>17 confirms exactly what I say about all the</p> <p>18 case control studies that are detailed in</p> <p>19 my expert report. I feel vindicated.</p> <p>20 Very happy.</p> <p>21 Q. That's an odd conclusion, I</p> <p>22 must say.</p> <p>23 MS. PITTARD: Okay. Let's</p> <p>24 move on to the Terry article,</p>	<p style="text-align: right;">Page 169</p> <p>1 again, I've highlighted the language that</p> <p>2 is relevant here specifically to</p> <p>3 Ms. Bondurant.</p> <p>4 And the first instance of</p> <p>5 that would be under the abstract where it</p> <p>6 says that, genital powder use was</p> <p>7 associated with modest increased risk of</p> <p>8 epithelial ovarian cancer, and that's a</p> <p>9 odds ratio of 1.24, 95 percent confidence</p> <p>10 interval, 1.15 to 1.33. Relative to</p> <p>11 women who never used powder.</p> <p>12 Risk was elevated for</p> <p>13 invasive serous, endometrioid, and clear</p> <p>14 cell, which Ms. Bondurant had. Odds</p> <p>15 ratio of 1.24, 95 confidence interval,</p> <p>16 1.01 to 1.52.</p> <p>17 Do you disagree that -- with</p> <p>18 Dr. Terry's conclusion that genital</p> <p>19 powder use increased Ms. Bondurant's risk</p> <p>20 by 1.24 percent?</p> <p>21 MS. CURRY: Object to the</p> <p>22 form.</p> <p>23 THE WITNESS: No. Because</p> <p>24 this study was based on case</p>


<p style="text-align: right;">Page 170</p> <p>1 control studies, which are --</p> <p>2 which Dr. O'Brien pointed out are</p> <p>3 notoriously impacted by selection</p> <p>4 bias and recall bias.</p> <p>5 So when you combine those --</p> <p>6 when you combine case control</p> <p>7 studies, you magnify that effect.</p> <p>8 So, no, this is all. I'm sorry.</p> <p>9 Go ahead.</p> <p>10 BY MS. PITTARD:</p> <p>11 Q. Oh, no. I'm sorry. I</p> <p>12 didn't mean to interrupt you.</p> <p>13 A. This is all -- all of these</p> <p>14 are affected by selection bias and recall</p> <p>15 bias.</p> <p>16 Q. Which is the very thing that</p> <p>17 Katie O'Brien was attempting to control</p> <p>18 for in 2024; correct?</p> <p>19 MS. CURRY: Object to the</p> <p>20 form.</p> <p>21 THE WITNESS: Right. But</p> <p>22 she -- she cleverly pointed out</p> <p>23 that that's a big problem in case</p> <p>24 control studies.</p>	<p style="text-align: right;">Page 172</p> <p>1 a modest increased risk, in other words?</p> <p>2 A. No. It's a result of recall</p> <p>3 bias and selection bias.</p> <p>4 Q. Their finding for clear cell</p> <p>5 here, with an odds ratio of 1.24 and the</p> <p>6 confidence interval of 1.01 to 1.52,</p> <p>7 would be a statistically significant</p> <p>8 finding. You'll agree with that; right?</p> <p>9 A. Agree with that, yes.</p> <p>10 Q. Down on page 819 --</p> <p>11 A. But it's due to recall bias</p> <p>12 and selection bias. But go ahead.</p> <p>13 Q. Under discussion, it says,</p> <p>14 "This pooled analysis of eight control</p> <p>15 studies suggest that genital powder use</p> <p>16 is associated with a modest 20 to</p> <p>17 30 percent increased risk -- increase in</p> <p>18 risk of developing epithelial ovarian</p> <p>19 cancer, including serous, endometrioid,</p> <p>20 and clear cell tumors, but is less</p> <p>21 relevant to invasive mucinous tumors."</p> <p>22 Do you have any -- any</p> <p>23 reason to disagree with the calculation</p> <p>24 of 20 to 30 percent increased risk of</p>
<p style="text-align: right;">Page 171</p> <p>1 BY MS. PITTARD:</p> <p>2 Q. Would you agree with the</p> <p>3 statement by the authors that an odds</p> <p>4 ratio of 1.24 is indicative of a modest</p> <p>5 increased risk?</p> <p>6 A. No. The lung cancer studies</p> <p>7 showed an odds ratio -- odds ratios of 30</p> <p>8 to 50.</p> <p>9 The HPV cervical cancer</p> <p>10 studies showed an odd ratio of 20 to 30,</p> <p>11 not 1.2, 20 to 30.</p> <p>12 In lung cancer, 30 to 50.</p> <p>13 Those are some of the few</p> <p>14 cancers that we really know the cause of.</p> <p>15 So, no, I'm not buying that.</p> <p>16 Q. Well, they do use the modest</p> <p>17 increased risk. Would you agree to that?</p> <p>18 MS. CURRY: Object to the</p> <p>19 form.</p> <p>20 THE WITNESS: I agree they</p> <p>21 use those words, yes, but I don't</p> <p>22 agree with that statement, no.</p> <p>23 BY MS. PITTARD:</p> <p>24 Q. You don't agree that 1.24 is</p>	<p style="text-align: right;">Page 173</p> <p>1 developing epithelial ovarian cancer</p> <p>2 other than assuming you'll say recall</p> <p>3 bias?</p> <p>4 MS. CURRY: Object to the</p> <p>5 form.</p> <p>6 THE WITNESS: Right. They</p> <p>7 didn't -- they didn't account for</p> <p>8 recall bias or selection bias.</p> <p>9 That's what they concluded, but</p> <p>10 their -- the whole basis of their</p> <p>11 study is based on case control</p> <p>12 studies, which are notoriously</p> <p>13 impacted by those two biases.</p> <p>14 BY MS. PITTARD:</p> <p>15 Q. And how much of a --</p> <p>16 A. And -- and if you keep</p> <p>17 repeating the same error over and over</p> <p>18 and over again, you're going to get the</p> <p>19 same results.</p> <p>20 Q. What -- I'm sorry. I didn't</p> <p>21 mean to speak over you.</p> <p>22 A. And if you keep repeating</p> <p>23 the same errors over and over and over</p> <p>24 again, you're going to get the same</p>

<p style="text-align: right;">Page 174</p> <p>1 results. Those are going to be magnified</p> <p>2 by combining all of those erroneous</p> <p>3 results in these case control studies.</p> <p>4 The meta analyses magnify the earth.</p> <p>5 It's a well-described phenomenon.</p> <p>6 Q. What percent impact would</p> <p>7 you expect recall bias to have?</p> <p>8 MS. CURRY: Object to the</p> <p>9 form.</p> <p>10 THE WITNESS: It's unknown</p> <p>11 because you -- it's -- it's -- I</p> <p>12 don't know.</p> <p>13 BY MS. PITTARD:</p> <p>14 Q. So then you couldn't really</p> <p>15 say for certain that it is a 20 to</p> <p>16 30 percent effect?</p> <p>17 MS. CURRY: Object to the</p> <p>18 form.</p> <p>19 THE WITNESS: Well, you've</p> <p>20 got -- you've got that combined</p> <p>21 with the selection bias.</p> <p>22 Selection bias, meaning</p> <p>23 ovarian -- you select ovarian</p> <p>24 cancer patients because they're</p>	<p style="text-align: right;">Page 176</p> <p>1 had a thousand. You got 200, and</p> <p>2 the 200 were chosen because they</p> <p>3 chose to answer the phone. That's</p> <p>4 not a great way to create equal</p> <p>5 groups.</p> <p>6 But anyway, so then recall</p> <p>7 bias, the ovarian cancer patients,</p> <p>8 they're hyper-focused on their</p> <p>9 cancer. They're searching for</p> <p>10 answers. So they are very, very</p> <p>11 hyper-focused on each question.</p> <p>12 The people you call on the</p> <p>13 phone are very focused on getting</p> <p>14 off the phone. They want to</p> <p>15 finish the survey. They're not</p> <p>16 focused on anything, but maybe</p> <p>17 they're an attorney and they've</p> <p>18 got a bunch of cases to work on.</p> <p>19 Maybe they're a physician or a</p> <p>20 nurse practitioner. Maybe they're</p> <p>21 a mom with three kids. They've</p> <p>22 got a lot of other things going</p> <p>23 on. They're not that interested</p> <p>24 in -- they're not as interested as</p>
<p style="text-align: right;">Page 175</p> <p>1 diagnosed with ovarian cancer.</p> <p>2 And then you try to match</p> <p>3 them to controls that don't have</p> <p>4 cancer, and those are matched in</p> <p>5 multiple different ways. Like,</p> <p>6 let's say one is trying to match</p> <p>7 them by age, race, and let's just</p> <p>8 say occupation.</p> <p>9 And so you have, let's say,</p> <p>10 200 ovarian cancer patients and</p> <p>11 you -- and how are you going to</p> <p>12 find your controls? Let's say you</p> <p>13 do random phone calls, and you</p> <p>14 have a list of a thousand people</p> <p>15 you're going to call.</p> <p>16 Only 200 of them answer the</p> <p>17 phone, so those are the 200 you're</p> <p>18 stuck with as your controls.</p> <p>19 The ovarian cancer patients</p> <p>20 are very, very interested in what</p> <p>21 caused their cancer. So they're</p> <p>22 hyper-focused.</p> <p>23 So that's -- that's</p> <p>24 selection bias, first of all. You</p>	<p style="text-align: right;">Page 177</p> <p>1 the patients with ovarian cancer.</p> <p>2 That's recall bias.</p> <p>3 So between those two biases,</p> <p>4 that's what pushes all these</p> <p>5 confidence intervals to the right</p> <p>6 of one. It's a known phenomenon,</p> <p>7 and that's what all the data</p> <p>8 shows. And that's what Katie</p> <p>9 O'Brien pointed out in her article</p> <p>10 last month.</p> <p>11 BY MS. PITTARD:</p> <p>12 Q. And what -- I'm sorry. Go</p> <p>13 ahead?</p> <p>14 A. I said which was a beautiful</p> <p>15 statement because it confirms what I've</p> <p>16 been saying all along.</p> <p>17 And if I had to guess, I</p> <p>18 would expect 20 to 50 percent between</p> <p>19 those two biases, if I had to guess.</p> <p>20 Maybe more. But I don't know. I don't</p> <p>21 think anybody knows.</p> <p>22 Q. So you estimate 20 to</p> <p>23 50 percent impact of bias on the results</p> <p>24 of all case control studies?</p>

<p style="text-align: right;">Page 178</p> <p>1 MS. CURRY: Object to the 2 form. 3 THE WITNESS: What I'm 4 saying is I don't know. We'll go 5 back -- I said it could be as much 6 as that. It could be more. It 7 could be double, triple that. 8 Nobody knows because there's 9 no way to get that to that number. 10 There's no way to get to that 11 number. You can't -- you can't 12 control for it. 13 The only way you can control 14 for it is to do a prospective 15 cohort study of which there have 16 been four. And you can combine 17 that data, and when you combine 18 all four of those, that's over 19 250,000 patients. They found 20 no -- no association. 21 BY MS. PITTARD: 22 Q. So what I think I'm hearing 23 you say, Dr. Finan, is that there is no 24 way to predict what impact selection bias</p>	<p style="text-align: right;">Page 180</p> <p>1 lack of significance dose-response may 2 reflect the difficulty inherent and 3 accurate recollection of specific details 4 of frequency and duration of genital 5 powder use. 6 Also, because not all powder 7 products contain talc, various products 8 may differ in their potential carcinogen 9 effects. 10 Alternately, the association 11 between genital powder exposure in 12 ovarian cancer risk may not be linear and 13 modest exposure may be sufficient to 14 increase cancer risk. 15 Do you have any reason to 16 disagree with those statements by the 17 author? 18 CURRY: Object to the form. 19 This is trending into general 20 causation opinions and not 21 specific to Ms. Bondurant. 22 MS. PITTARD: Well, it was 23 in Ms. Bondurant's case specific 24 report. That's why I'm asking</p>
<p style="text-align: right;">Page 179</p> <p>1 or recall bias had on the results of this 2 article's findings? 3 MS. CURRY: Object to the 4 form. 5 THE WITNESS: I can tell you 6 that those two biases definitely 7 pushed -- pushed the odds ratio 8 towards greater than 1, and they 9 definitely pushed the confidence 10 intervals towards being 11 significantly different. That's 12 the effect they have on the end 13 results. 14 BY MS. PITTARD: 15 Q. But you can't say how much 16 of an effect those things have? 17 A. I'd have to give it more 18 thought. I'll try to get back to you on 19 that. 20 Q. In your expert report, you 21 cite Terry as proof of a lack of 22 dose-response. 23 And in this article, in 24 Terry's article, the author states, The</p>	<p style="text-align: right;">Page 181</p> <p>1 about it. 2 MS. CURRY: With respect to 3 the clear cell carcinoma finding, 4 but not with respect to 5 dose-response. 6 You can answer this one 7 question, but I want to move off 8 of general causation opinions. 9 BY MS. PITTARD: 10 Q. So you can answer, 11 Dr. Finan. 12 A. Can you show me the table 13 you're referring to? 14 Q. It's the citation on the 15 screen that's highlighted, the lack of 16 significance dose-response. 17 A. Yeah. What I'm asking is to 18 see the table. Let me if I can -- can I 19 just share in the document. 20 Q. Yes. I don't believe 21 there's a table associated with this 22 statement. 23 A. There is. 24 Q. Okay.</p>

<p style="text-align: right;">Page 182</p> <p>1 MS. CURRY: If you go 2 into -- can you open the document, 3 Dr. Finan? 4 THE WITNESS: I'm looking 5 for it. Which exhibit is it? 6 MS. CURRY: 16. 7 MS. PITTARD: It's not 16. 8 It's actually 17. 9 MS. CURRY: I think it's 10 labeled as 16. 11 MS. PITTARD: It is labeled 12 as 16. 13 BY MS. PITTARD: 14 Q. But what I'm saying is this 15 is a commentary by the author about 16 dose-response. And I don't believe that 17 there is a table on dose-response? 18 A. There is. 19 Q. Okay. 20 A. There is. Let me find it, 21 and I'll tell you which one it is. 22 Q. Okay. 23 A. It has to do with how much 24 powder they used, I believe, unless I'm</p>	<p style="text-align: right;">Page 184</p> <p>1 we're on the same page. 2 What I'm referring to is the 3 authors' explanation for dose-response, 4 which is why I didn't understand that you 5 were referencing this table. 6 And the authors, in this 7 highlighted passage, are explaining why 8 there may be a lack of dose-response. 9 And they're stating that it may reflect 10 difficulty and accurate recollection of 11 details of frequency and duration. It 12 could be because not all powders contain 13 talc, or it could be because the 14 association between genital talc powder 15 use and ovarian cancer may not be linear, 16 and a modest exposure may be sufficient 17 to cause ovarian cancer. 18 And my question to you is do 19 you have any reason to disagree that any 20 of those things could affect 21 dose-response? 22 MS. CURRY: Object to the 23 form. 24 THE WITNESS: Well, I</p>
<p style="text-align: right;">Page 183</p> <p>1 thinking of a different article. 2 Yes. It's Table 5, 3 "Association between estimated lifetime 4 applications and risk of ovarian cancer." 5 So let's look -- looking at 6 all of the cases, 7,587 cases, odds ratio 7 is 1.14 for the first quartile, 1.23 for 8 the second quartile, 1.22 for the third 9 quartile, and 1.32 for the fourth 10 quartile. 11 So if you compare that to 12 exposures of the two other cancers, the 13 only two cancers that we know the cause 14 of being lung cancer and cervical 15 cancer -- those are the only two that I 16 know of that we know the actual cause, at 17 least those more common cancers -- those 18 both have a dose-response. The more a 19 person smokes, the higher the odds ratio 20 of them getting cancer. 21 And again, the odds ratios 22 in lung cancer are 30 to 50. They're not 23 1.14 or 1.32. 24 Q. Right. I don't believe</p>	<p style="text-align: right;">Page 185</p> <p>1 think -- I think Terry should have 2 added another line. And the other 3 line is, "or it could be that 4 talcum powder does not cause 5 ovarian cancer and these findings 6 are related to recall bias and 7 selection bias." 8 That's the answer -- that's 9 not the answer that you're looking 10 for. 11 BY MS. PITTARD: 12 Q. But that's not what Terry 13 wrote, is it? 14 A. But it's the truth. 15 Q. My question is that's not 16 what Terry and the other authors wrote in 17 this article, is it? 18 MS. CURRY: Object to the 19 form, and can we move back on to 20 Ms. Bondurant's case, please. 21 MS. PITTARD: Yes, we can, 22 but he still hasn't answered my 23 question. 24 MS. CURRY: But he has.</p>

<p style="text-align: right;">Page 186</p> <p>1 MS. PITTARD: So if we can 2 just get an answer to that, then 3 we'll move on. 4 THE WITNESS: You read it 5 correctly, and this is what they 6 said. 7 But they should have added 8 another line that said this could 9 be due to recall bias, selection 10 bias, or the fact that talcum 11 powder does not cause ovarian 12 cancer. 13 That's my opinion, and, 14 oddly enough, it's also the truth. 15 BY MS. PITTARD: 16 Q. My question was not whether 17 I read it correctly. 18 My question was: Do you 19 have any reason to disagree that any one 20 of these explanations by the authors of 21 this article could explain the lack of 22 dose-response? 23 A. Yes, I do. 24 MS. CURRY: Object to the</p>	<p style="text-align: right;">Page 188</p> <p>1 So dose-response is key, and 2 they don't find a dose-response. 3 Therefore, I disagree with this 4 statement. I think -- I think 5 they missed out on the obvious 6 statement that they should have 7 added. Yes, I disagree. 8 BY MS. PITTARD: 9 Q. If the cases in this study 10 were to, let's say, underestimate the 11 frequency or duration with which they 12 applied talcum powder, would that effect 13 the dose-response calculations? 14 MS. CURRY: Object to the 15 form. This is clearly within the 16 general causation opinions that 17 have already been asked about 18 extensively during the prior 19 deposition. I'm instructing him 20 not to answer any further 21 questions on dose-response. I'm 22 sorry. 23 MS. PITTARD: No, I -- I 24 actually don't think he has yet</p>
<p style="text-align: right;">Page 187</p> <p>1 form. Asked and answered. 2 THE WITNESS: I disagree 3 with it because of the example of 4 lung cancer that I gave you and 5 because of the example of cervical 6 cancer. Those are the only two 7 cancers with a known cause. And 8 cervical cancer has a 9 dose-response to a number of 10 sexual partners, the number of 11 sexual partners being a surrogate 12 for HPV exposure. 13 Those two cancers are the 14 only two cancers that we know a 15 cause of, and based on Bradford 16 Hill's criteria, a dose-response 17 was key. 18 It also -- it also had to do 19 in his seminal lecture with 20 testicular cancer and the number 21 of exposures of chimney sweeps. 22 The more they were exposed to tar 23 in chimneys, the higher their risk 24 of testicular cancer.</p>	<p style="text-align: right;">Page 189</p> <p>1 answered my question because he 2 keeps subtracking into statistical 3 calculation, which is not my 4 question. 5 But I will move on because I 6 think we have belabored this 7 longer than necessary. 8 And I think I'm about done. 9 If you'll give me about ten 10 minutes so I can just double-check 11 my notes, and then we can wrap it 12 up. 13 MS. CURRY: Sure. Thank 14 you. 15 (At this time, a short break 16 was taken.) 17 COURT REPORTER: While we're 18 waiting, would you like a rough, 19 Ms. Pittard? 20 MS. CURRY: I would like 21 one, actually, please. 22 MS. PITTARD: I will take 23 one, thank you. 24 BY MS. PITTARD:</p>

<p style="text-align: right;">Page 190</p> <p>1 Q. Dr. Finan, before we move to 2 Ms. Bondurant (indiscernible). She used 3 Johnson's Baby Powder for about 56 years. 4 Does that sound correct to your 5 recollection? 6 A. Yes. 7 Q. Three to five times a week? 8 A. Yes. 9 Q. Do you believe recall factor 10 to -- I'm sorry -- recall bias to be a 11 factor as it concerns Ms. Bondurant? 12 MS. CURRY: Object to the 13 form. 14 THE WITNESS: No. I trust 15 Ms. Bondurant implicitly. I 16 suppose -- I assume that she spoke 17 the truth. 18 BY MS. PITTARD: 19 Q. And are all of your opinions 20 related to Ms. Bondurant either expressed 21 in your expert report or expressed here 22 in your deposition? 23 A. Yes, to the best of my 24 knowledge. Yes.</p>	<p style="text-align: right;">Page 192</p> <p>1 CERTIFICATION 2 3 I, DANA M. JONES, Professional 4 Court Reporter and Notary Public, certify 5 that the foregoing is a true and 6 accurate, to the best of my ability, 7 transcript of the deposition held before 8 me at the time, place and on the date 9 hereinbefore set forth. 10 I further certify that I am 11 neither attorney nor counsel for, not 12 related to or employed by, any of the 13 parties to the action in which this 14 deposition was taken; further, that I am 15 not a relative or employee of any 16 attorney or counsel employed in this 17 case, nor am I financially interested in 18 this action. 19 20 21 22 23 24</p> <p style="text-align: center;"> DANA M. JONES</p>
<p style="text-align: right;">Page 191</p> <p>1 Q. Any additional opinions that 2 you have not expressed either in your 3 expert report or in today's deposition as 4 they relate to Ms. Bondurant? 5 A. No. 6 MS. PITTARD: I have no 7 further questions. 8 MS. CURRY: I have no 9 questions today. Thank you. 10 COURT REPORTER: Would you 11 both like a copy along with the 12 rough? 13 MS. PITTARD: Yes. 14 MS. CURRY: Yes, thank 15 you. 16 (Witness excused.) 17 (Deposition concluded at 18 4:33 p.m. Central Time) 19 20 21 22 23 24</p>	<p style="text-align: right;">Page 193</p> <p>1 LAWYER'S NOTES 2 3 PAGE LINE 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate.

The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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